

Congregational Leaders, please mark:

(1/10/2024)

COUNSELOR    LT    MBC    GGP    SAINT    PATHFINDER    HEROES

## Harrisburg Area Confirmation Camp Registration Form - June 16-22, 2024

Home Congregation \_\_\_\_\_ Pastor \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth Phone \_\_\_\_\_  Home  Cell

Youth Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade in School \_\_\_\_\_ ('23-'24 School Year)

Are you Baptized?

Yes  No

Date of Baptism \_\_\_\_\_

Adult Shirt Size:

Small  Medium  Large

X-Large  XX-Large

Please list any dietary restrictions or food allergies: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Primary Phone \_\_\_\_\_  Home  Cell

2nd Phone \_\_\_\_\_  Home  Cell

Email \_\_\_\_\_

Additional Adult Contact Person (In Case of Emergency):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I request that my child's photo NOT be used in any promotional material for Confirmation Camp.

**HARRISBURG AREA CONFIRMATION CAMP**  
***Acknowledgement of Risk, Release and Hold Harmless Agreement***  
*( If Participant is Under 18 Years of Age)*

**Name of Participant (Minor):** \_\_\_\_\_

On behalf of the Participant, the parent or legal guardian of the Participant agrees as follows:

1. Assumption of Risk. I understand that participation in the Harrisburg Area Confirmation Camp (HCC) involves physical activities, including, but not limited to swimming, outdoor games, ropes course and other outdoor camping activities as part of its outdoor ministry program. I understand that these activities involve risk of injury, and I knowingly and voluntarily assume the risk of engaging in activities on behalf of the Participant. On behalf of the participant, I understand that participation may include activities which may be hazardous and that these potential dangers are part of and inherent to HCC's program. In some instances, the activities cannot be made safer. I expressly assume the risk of injury or harm in these activities and voluntarily agree to the terms of the Release as stated below. I further promise and agree to follow and to comply with all instructions of HCC and its staff, employees, and authorized representatives.

2. Waiver and Release. In consideration of the opportunity to participate in the HCC programs and in recognition of the nature of certain of activities, the Participant specifically waives any and all claims, suits, causes of action, actions, rights, expenses, damages of any kind, in law or in equity, for any and all injuries that may arise during, result from, or be otherwise connected with Participant's participation in HCC's programs. For those same reasons, Participant further remises, releases, quitclaims and forever discharges the HCC, its Board of Directors, officers, employees, staff, volunteers, agents, and representatives from any and all liability.

3. I authorize the HCC and its representatives to obtain any medical treatment for the named Participant that should appear necessary during his or her participation in the HCC and that I will be responsible for the payment of any expenses associated with the related illness or injury.

4. I agree and certify that I voluntarily signed this Agreement and I have read and fully understood the meaning of each of the terms of this Agreement. I intend to be legally bound by the terms of this Agreement.

**Name of Parent or Legal Guardian (PRINT)**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent or Legal Guardian on Behalf of Participant**

\_\_\_\_\_

Revised August, 2012

**MEDICAL INFORMATION**

Participant's Name \_\_\_\_\_ Home Congregation \_\_\_\_\_

Is your child taking any medication?     Yes     No

Name of medication, dosage, and how prescribed: \_\_\_\_\_

**PLEASE NOTE:** All medications must be turned over to the Camp Nursing Staff when you register at camp. All Medication must be brought to camp in their original containers. Medications will be dispensed at the proper time. All containers will be returned at the end of the week.

Please check the box in front of **each** non-prescription medication that the Camp Nursing Staff **IS PERMITTED** to dispense to your child:

Analgesics – Tylenol or Acetaminophen Equivalent, Ibuprofen

Antihistamines – Chlortrimetron, Sudafed, Benedryl

Antidiarrheals – Kaopectate, Immodium, Pepto-Bismol

Cold Symptoms – Robitussin, Dimetapp, Tylenol

Topical Ointments: Insect Bites – Rhuligel, StingEase      Sunburn – Solarcaine, Rhulicream  
Poison Ivy/Oak – Calamine Lotion, Rhuligel

Is your child allergic to any medication?     Yes     No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Date of your child's last Tetanus Shot? \_\_\_\_\_

Does your child have any physical problems that would prevent him/her from entering fully into the camp program?

Yes     No    If yes, please complete the Accommodations for Special Needs form found on [harrisburgconfirmationcamp.org](http://harrisburgconfirmationcamp.org).

**MEDICAL INSURANCE INFORMATION**

Name of Insurance Company \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ HMO Plan  Yes  No

Name of Subscriber \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

**Note:** In the event of an emergency illness or injury requiring medical attention, the parents' insurance will provide the primary coverage.

**To Parent or Legal Guardians:** Your signature below gives your child permission to attend Harrisburg Area Confirmation Camp and authorizes the Director or her representatives to secure proper diagnosis and treatment for any emergency illness or injury from a local hospital and/or physical.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_