
MEDICAL

Please list any significant physical conditions or medical history (major surgery, seizures, mental/emotional disorder, etc.):

Describe any significant allergies and/or intolerances along with their reaction and treatment: _____

Do you require gluten-free meals? Yes No

Medical insurance carrier and policy number: _____

In case of emergency, we should contact:

Name	Relation	
Home Phone	Work Phone	Cell Phone

PARENT'S AUTHORIZATION *For all minor applicants (under age 18).*

As a parent and/or legal guardian of NAME OF APPLICANT, I am in favor of the applicant serving at Young Disciple Youth Bible Camp and participating in all activities unless otherwise specified in writing. Young Disciple Ministries may use images of above applicant taken during camp for promotional and/or illustrative purposes. I hereby release the camp from liability in case of accident or illness. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the camp staff to administer natural remedies as deemed appropriate and/or to hospitalize and administer anesthesia and medications as required or perform surgery on the above applicant.

Signature: _____ Relationship: _____ Date: _____

STAFF AGREEMENT

I have carefully read the camp codes, and I agree to abide by all the camp regulations and policies, and to uphold camp objectives. I will not promote any issue or subject that will cause controversy, division, or discontent among the camp staff, campers, or visitors to the camp. I hereby release the camp from liability in case of accident or illness. I also give permission to Young Disciple Ministries to use images taken of me during camp for promotional or illustrative purposes.

Signature: _____ Date: _____