

YOUTH EXCELLING IN LEADERSHIP

COVENANT COLLEGE JULY 5-10, 2010

CEP Student Release Form Minors (0-17 years)

Note to parents: Both parents must sign each section-Do not leave blanks without explanation.

CAMP LOCATION	PARTICIPANT'S NAME	
CAMP DATES	BIRTH DATE (MO/DAY/YR)	
HOME ADDRESS		
CITY	STATE	ZIP
HOME CHURCH	CITY	STATE
PARENTS/GUARDIANS		
DAY PHONE	EVENING PHONE	CELL PHONE
ALTERNATE EMERGENCY CONTACT AND PHONE		

Camp Insurance Coverage and Requirements

1. ACCIDENT (MEDICAL) INSURANCE (provided)
Christian Education & Publications provides \$10,000 Accident medical insurance for participants in our camping/retreat programs. This is designed to provide for the immediate needs of any participants who might become injured while traveling to or from and while participating in a scheduled program. This also includes \$5,000 for accidental death and dismemberment. There is a \$50 deductible.
Participants are insured, roundtrip, from departure to return. Losses of personal property are not covered. Claims payment is integrated with any existing coverage of the injured party.
2. SICKNESS (MEDICAL) INSURANCE (required)
Each participant should have his/her own health insurance to attend all CEP/YXL camps.
Please indicate your health insurance below:

NAME OF INSURANCE COMPANY	NAME OF POLICY HOLDER	
POLICY NUMBER (IT WOULD BE HELPFUL IF YOU COULD INCLUDE A COPY OF YOUR INSURANCE CARD)		
PARTICIPANT'S SIGNATURE	DATE	
FATHER'S SIGNATURE	DATE	
MOTHER'S SIGNATURE	DATE	
OTHER LEGAL GUARDIAN	DATE	RELATIONSHIP TO PARTICIPANT

Immunizations and Medical Consent

1. "My child has had a TETANUS BOOSTER within the past 10 years."

Yes No

(An updated tetanus booster is required every 10 years.)

"In the event of a medical emergency, I hereby consent to the NECESSARY AND PROPER TREATMENT, surgery, and/or anesthetic by a licensed physician or health care professional for _____."

PARTICIPANT'S NAME

2. What medication(s), if any, will your child be taking during the camp (and for what purpose)?

3. Has your child been treated or is being treated for any disease, health conditions or allergies that we need to be aware of? If so, please list.

PARTICIPANT'S SIGNATURE

DATE

FATHER'S SIGNATURE

DATE

MOTHER'S SIGNATURE

DATE

OTHER LEGAL GUARDIAN

DATE

RELATIONSHIP TO PARTICIPANT

Release of Liability

I am aware of the potential risks to my child and his/her property as he/she participates in CEP/YXL's Camp Program. I understand that some of the activities will involve physical exertion and risk taking (activities such as hiking, ropes course, and paintball). With this understanding, I will allow my child to participate in the CEP/YXL Camp Program, holding said organization, their representatives and employees blameless for their participation. I agree to hold CEP harmless of and from any liability for personal injury and/or property damage, including demands, losses, costs, expenses, and damages arising out of or in any conjunction with such activities regardless of the cause.

PARTICIPANT'S SIGNATURE

DATE

FATHER'S SIGNATURE

DATE

MOTHER'S SIGNATURE

DATE

OTHER LEGAL GUARDIAN

DATE

RELATIONSHIP TO PARTICIPANT