

**PARENTAL CONSENT FORM – YOUTH CAMP 2015**  
**E.D.G.E. Teen Ministry – Christian Life Fellowship**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ **T-shirt size:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade this fall: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Parent's Name(s): \_\_\_\_\_ Parent's Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Another person to contact in case of emergency: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

The undersigned do hereby give permission for our (my) child, \_\_\_\_\_ to attend and participate in Youth Camp 2015 and all the activities included in the camp sponsored by Christian Life Fellowship, Greentown, IN, from Sunday, July 19, 2015 through Friday, July 24, 2015 at Pokagon State Park in Angola, IN. We authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned agrees that no refund will be issued in the event of an early departure from Youth Camp 2015.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by E.D.G.E. Teen Ministry and Christian Life Fellowship, Greentown, IN.

The undersigned do hereby agree that all camp participants are expected to follow all rules and guidelines in connection with Youth Camp 2015, and understand that failure to abide by these guidelines or destruction of camp property will result in being sent home at the undersigned's expense. The undersigned is financially responsible for any damage to the facilities, properties, equipment, and vehicles of Youth Camp 201.

Signatures:

\_\_\_\_\_  
 (Participant) (Father)

\_\_\_\_\_  
 (Mother) (Legal Guardian)

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies, Special Medical Concerns or Diet Restrictions: \_\_\_\_\_

**ALL BLANKS MUST BE COMPLETED IN ORDER TO BE LEGALLY VALID!**

Any that do not apply should be marked NA (not applicable).

*- Office Use Only -*

Deposit Paid \_\_\_\_\_ Check / Cash \_\_\_\_\_  
 (date) (check number) (Amount)

Balance Paid \_\_\_\_\_ Check / Cash \_\_\_\_\_  
 (date) (check number) (Amount)