



2017 PFYOUTH CAMPER CONSENT & AGREEMENT FORM (REQUIRED)

YOUTH

(1 PER STUDENT—PARENT AND CAMPER SIGNATURES REQUIRED BELOW)

Authorization for: _____
Student Name (Last, First) Church City / Church Name

Camp Attending: Youth Camp 1 Youth Camp 2 Youth Camp 3 Youth Camp 4 Kids Camp 1 Kids Camp 2

CAMPER BASIC INFO

Camper Birthdate: _____ / _____ / _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

HEALTH CARE INFO

Insurance Carrier: _____ Insurance Phone: (_____) _____

Insurance Policy and/or Group Number: _____

Policy Holder Name: _____
(First) (Last)

Coverage Start: _____ Coverage End: _____

Above Camper is not covered by medical insurance of any kind.

By signing this form, I affirm that the information submitted online is true and accurate to the best of my knowledge. I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered camper at any Peninsular Florida Assemblies of God summer camp, I hereby authorize any director, counselor, nurse, dean, lifeguard, or other responsible person of said Camp to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I understand that should such treatment be necessary that the Peninsular Florida Assemblies of God summer camp provides only *secondary* insurance, and begins where the camper's primary health and accident insurance policy has been extended to its limits. I understand that every effort will be made to contact me regarding any medical attention given to my child.

I also understand that participants at Masterpiece Gardens Camp are liable for damage caused intentionally or maliciously. Damage caused by a participant will be billed directly to the participant responsible and their legal guardian. I understand that youth camp is a voluntary activity. Student must be willing to cooperate with the overall spirit and schedule of the camp. Finally, I understand that every effort will be made to room church groups in the same dorms. However, due to the structure of camp and limited number of beds, this is not always possible.

We give full permission to Peninsular Florida Assemblies of God summer camps to reproduce any photograph and/or video image of me/my student for promotional usage without obligation to me/my student.

I have reviewed the camp information sheet and gone over the camp and dress code policies with my child. Camper's signature below confirms his/her agreement to abide by camp policies including dress code.

SIGN HERE:

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (PRINT)

DATE

CAMPER SIGNATURE

CAMPER NAME (PRINT)

DATE