

TEEN MEDICAL RELEASE FORM

Due June 1, 2009

MAIL TO: Jon Fillipi, 2612 Robin Rd., Salina, KS 67401

If you are under the age of 18, this form must be completed, signed, and mailed by your parent or guardian in order to validate your paper or online application.

Teen Name: _____

Teen Birth date: _____

Camp Choice: **Junior Camp** **Primary Camp** **Both Camps**
(Please check one)

This application is complete and accurate as far as I know. I hereby give permission for the teen named above to participate fully in the program except as noted on the Worker Application and Teen Health Form. In the event of illness or injury, I also give permission for the doctor, dentist, or other health professionals selected by the camp director to order such tests and treatments as is deemed necessary to safeguard the health of my teen. In the event I cannot be reached in an emergency, I authorize the physician selected by the camp director to hospitalize, secure proper treatment and order injections and/or surgery for my teen named above. I do also expressly waive any and all claims against the Kansas District Church of the Nazarene and any of its boards or its representatives or property in connection with an incident of the 2009 Kansas District Camp Program. This does not waive claims as covered by the District Camp Insurance for injuries to the teen while at camp. My teen and I understand that failure to comply with camp rules and/or obey Staff directives is cause for dismissal and I will be asked to remove my teen from the camp.

Parent/Guardian's Name: _____ (print)

Parent/Guardian's Name: _____ (signature)

Date: _____

DO NOT FORGET TO SIGN & DATE THIS APPLICATION!