



Camp Rockyvine
 Mail to:
 Camp Covecrest
 25 Falls Dr.
 Tiger, GA 30576
 P: 480-820-7001
 E: summercamps@lifeteen.com

2010 Summer Camp

PARTICIPANT AGREEMENT

Participant's Information: (please clearly **print** all information)

Week of Camp: (*circle*) July 5 – July 10 July 12 – July 17

Participant's Name: _____ Phone Number: _____

Email Address: _____ Date of Birth: _____ Sex: M / F

Address: _____ T-Shirt Size: S M L XL XXL

Apt #: _____ City: _____ State: _____ Zip: _____

Parish Name: _____ Diocese: _____

THE SECTIONS BELOW ON THIS PAGE ARE ONLY NEEDED FOR TEENS, NOT CHAPERONES

Mother's Information:

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Check if mother's info is the same as participant's. If no, please fill out the information below.

Email Address: _____

Address: _____

Apt #: _____ City: _____ State: _____ Zip: _____

Father's Information:

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Check if father's info is the same as participant's. If no, please fill out the information below.

Email Address: _____

Address: _____

Apt #: _____ City: _____ State: _____ Zip: _____

A Few Questions About You.....

1. What grade are you going into? 6 7 8 9 10 11 12 just graduated

2. Is this your first summer at camp? YES NO
 a. If YES, what are you looking forward to the most? _____
 b. If NO, what do you want to do this year that you didn't do last year? _____

3. What do you like to do for fun? _____

4. Do you have any siblings? YES NO
 a. If YES, how many? And, where do you fall in line? _____

5. What's your favorite band right now? _____

6. What is your favorite class in school? _____

PARTICIPANT NAME: _____ **PARISH NAME:** _____

Health Information:

Participant's Doctor: _____ Phone Number: _____

Insurance Co. Name: _____

Medical Insurance: _____

ID number

Group number

Cardholder's name

Participant's allergies, if any, including medication and foods: _____

Participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Participant's other physical restrictions (if any): _____

Current medication and dosage (prescription & over the counter medication): _____

Reason for current medication: _____

_____ (**initial here**) The camp nurse may administer the following over the counter medication to this participant. (Cross out any that are not permitted)

Tylenol/Acetaminophen Motrin/Ibuprofen Benadryl/Diphenhydramine HCL Cough Drops Tums/Mylanta/antacid

In Case of an Emergency, Who Should We Contact?

Name: _____ Relationship to the Participant: _____

Contact Number: _____

Waiver:

I, _____, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Inc. event. I am fully aware that my own/my child's participation in The Event is totally voluntary. In consideration of Life Teen's agreement to permit me/my child to participate in The Event, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby:

1. Release, acquit and forever discharge Life Teen and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child's participation in The Event which may be sustained or suffered by me/my child or any person in connection with my/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from The Event;
2. Agree to indemnify, defend and hold harmless Life Teen and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my/my child's participation in The Event including my/his/her travel to or from The Event.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child's participation in The Event. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of Life Teen's permission to allow me/my minor child to participate in The Event;
2. My and, if applicable, my child's personal property is at my risk entirely;
3. Life Teen reserves the right to decline to accept or retain me/my child in The Event at any time should my/his/her actions or general behavior impede the operation of The Event or the rights or welfare of any person. I understand that I/my child may be required to leave The Event in the sole discretion of Life Teen's agents and representatives. In such an event, no refund will be made for any unused portion of The Event. I understand that Life Teen, in its sole discretion, reserves the right to cancel The Event or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout The Event by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/he/she may sustain as part of my/his/her participation in The Event. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge Life Teen of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in The Event. By completing the form, I hereby authorize Life Teen to obtain any necessary medical treatment to myself/my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize Life Teen to release medical information about me/my child to any person or entity to whom Life Teen refers me/my child for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to Life Teen my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in The Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Life Teen's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signed: _____

Dated: _____

Print Name: _____