

PERMISSION FORM 2016-2017 school year (Valid 09/01/16 – 07/01/17)

Name: _____ Date of Birth: ____ / ____ / ____

Phone: _____ Alt Phone: _____ Email: _____

Address: _____ Town: _____

Zip _____ School: _____ Grade: _____

I give my permission for my above-named child to **participate in the ministries of Berean Youth Fellowship** (henceforth referred to as **Camp Berea**). This includes participation in both on-site and off-site activities. Off-site activities include, but are not limited to, meetings, retreats, work trips, mission trips, service projects, parties, and day-trips. I understand that for off-site trips the students may travel in borrowed or rented vans and vehicles.

The undersigned or a member of the immediate family of the undersigned agree to hereby release, and forever discharge CAMP BEREA, their officers and directors, their employees, and their agents, and any parties volunteering on behalf of CAMP BEREA from all actions, claims, costs, expenses or damages of any kind growing out of or related to any of the activities or events sponsored by CAMP BEREA in which the undersigned or a member of the immediate family of the undersigned participates.

In the event of a medical emergency, I give permission for first aid treatment only for my child. I understand that every effort will be made to contact me. If I cannot be reached, I understand that the two (2) people I have named below will be called, and I authorize them to make the necessary medical decisions for the well-being of my child until I can be reached. If, but only if, my child suffers a life-threatening injury and I and my designated emergency people cannot be reached, I authorize **an agent acting on behalf of CAMP BEREA** to secure the proper and necessary medical treatment for my child.

Signature of *Parent or Legal Guardian*: _____ Date: _____

Home Phone: _____ Alt Phone: _____

Please give the names of TWO (2) people living in other households, their relationship to the child, and their telephone numbers, who can make decisions for you regarding your child if you cannot be reached.

Name: _____ Relationship: _____ Ph #: _____ Alt Ph: _____

Name: _____ Relationship: _____ Ph #: _____ Alt Ph: _____

List Child's Allergies / Medical issues:

List **ALL** Current Medications:

Insurance: _____ Policy # and/or Group #: _____ Member Name: _____

****If there are any changes during the course of the year, contact the leadership of CAMP BEREA as soon as possible.***

TO BE SIGNED BY STUDENT / PARTICIPANT:

I, _____, as a **student** participating in the **ministries of CAMP BEREA** promise to obey the CAMP BEREA leadership and the guidelines set forth by them. I recognize that failure to obey the guidelines for any event, trip, or activity may result - at the discretion of the leadership - in me **being sent home at my parent/guardian's expense/responsibility**.

Signature: _____ Date: _____