



PARTICIPANT MEDICAL INFORMATION & LIABILITY FORM

This form must be completed by all participants who take part in any activities or services offered by the Mobile Baptist Association WMU Children's One Day Mission Camp. If a participant is under 18, the participant's guardian must complete this release. No participant will be permitted to take part in any activity unless and until this release has been completed

Participant First Name: _____ Participant Last Name: _____

Grade finished: _____ Shirt size: Youth XS S M L XL
Adult XS S M L XL XXL

Gender: _____ Church: _____

Check box of Day/Location for which participant will attend:

July 13th - Cottage Hill Baptist Church

July 14th - Shiloh Baptist Church

Additional Participant Information:

Parent or Guardian Name: _____

Contact Number: _____

Mailing Address: _____

Email: _____

Check in Day Information

Group _____

PARTICIPANT MEDICAL INFORMATION

List any activity that is restricted: _____

Known allergies of participant: _____

List all medications to be taken by the participant and time to be taken:

Name of Insurance Company: _____

Policy Number: _____ Family Physician: _____

Physician Phone Number: _____

Emergency Contact: _____

Phone: _____

Relationship to Participant: _____

EMERGENCY TREATMENT CONSENT:

The above information is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except if noted above. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the Mobile Baptist WMU to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the above-named child. I understand that I am responsible for expenses incurred by sickness or injury. I also agree to not hold Cottage Hill Baptist Church, Shiloh Baptist Church, Mobile Baptist WMU, or any party to the Mobile Baptist Association legally responsible for any injury that may occur while at this activity. I give permission for participation in the activities of this Day Camp. I also give permission to the Mobile Baptist Association WMU to photograph my child for promotional reasons only. In witness whereof, participant and/or guardian have caused this Release to be executed by their own hand on

Participant Signature

Today's Date: _____

Participant Printed Name

Parent or Guardian of Participant Signature

Today's Date: _____

Parent or Guardian of Participant Printed Name