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2024 STUDENT
YOUTH Camp Consent Form

Church Name: _____ Church City: _____

Attendee's Name: _____ Grade entering Fall 2024: _____

Current Age: _____ Birth Date: _____ Biological Sex: M F

Check the applicable category:

Student: _____ (6th – 12th grade)

Check the week of Camp you will be attending:

YC1 _____	YC2 _____	YC3 _____	YC4 _____	YC5 _____	YC6 _____
(May 26-29)	(May 29-June 1)	(June 2-5)	(June 5-8)	(June 16-19)	(June 19-22)

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

The following information **MUST BE COMPLETED** to be accepted into the
TN Assemblies of God Ministry Network Summer Camp Program at the Jackson Conference Center

Statement of Health for _____
(attendee's full name)

► Is there any information we should have regarding the welfare of this attendee; handicaps, restrictions, diets, etc?

► Is there any activity you do not wish him/her to participate in? Yes No
If yes, please explain:

► Check if child has ever had the following:
 Measles Polio Mumps Chicken Pox Whooping Cough

List anything your child is allergic to:

List information concerning medications to be given while away from home:

Is your child covered by insurance? Yes No

If yes, Insurance Company _____

Policy# _____

Child's Social Security Number (*optional*): _____

Student's Name _____

Medical Consent: 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 Tennessee Assemblies of God Ministry Network camp, I hereby authorize any director, staff member, 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 further understand that my personal health insurance will be the primary policy coverage in the case of accident or illness. Furthermore, if no personal health insurance policy information is provided by myself, I will be personally responsible for any medical charges incurred. I also give permission for my child to receive over-the-counter medication from the camp first aid station if necessary.

_____ (parent/guardian initials)

Discipline/Property Consent: I understand that the Tennessee Assemblies of God Ministry Network Camps and the rented facility make rules and guidelines that my child will abide by while attending camp. I understand that if my child misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her and no refund will be issued. In addition, I will pay for any damage that is done to the camp and/or to personal property belonging to another individual. I give permission to the camp director and/or assistant camp director to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents.

_____ (parent/guardian initials)

Activity Consent: I give my permission for my child to participate in all camp-related activities. I understand by signing this release form, I am assuming such risks that are both known and unknown to me at this time.

_____ (parent/guardian initials)

Promotional Consent: I consent to the use of any videotape, photographs, audiotapes, or any other visual or audio reproduction in which my child may appear by the Tennessee Assemblies of God Ministry Network. I release the Tennessee Assemblies of God Ministry Network from any liability connected with the use of picture or voice recording as part of any promotion, recruitment, or fund-raising program.

_____ (parent/guardian initials)

Signature: _____ Date: _____
(parent/guardian of student)