

Camp Hallelujah Trail
Registration, Medical Release & Emergency Information

Name: _____

Address: _____

City, State & Zip: _____

Home Phone: _____ Parent's Work Phone: _____

Email Address: _____

Birth Date: _____ Age: _____ School Grade Completed _____

Circle Gender: Male Female Circle Qualification: Student Adult Shirt size: _____

If you object in your child participating in any of the following events please circle. Hiking, canoeing, softball, basketball, and races

Church Member? Y N Church Name _____

In the event that _____ becomes ill or sustains an injury while participating in or traveling to or from an authorized and chaperoned youth event at Camp Hallelujah Trail in Pickett State Park, Tennessee. I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and/or administer first aid. I also consent to X-Ray examinations, Anesthetic, Medical, Dental, or Surgical diagnosis and treatment, including invasive procedures and hospital care as well as the administration of drugs or medicine to be rendered to my son, daughter or child under my legal watch care, under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon. I also agree that Camp Hallelujah Trail, Center Belle Separate Baptist Church, D.O. Beaty Baptist Church, its staff and/or volunteers will not be held responsible for any physical injuries received while participating in events and travel associated with Camp Hallelujah Trail. I understand this is a Christian camp and that Biblical issues will be taught and preached. I assume all responsibility for any medical and emergency expenses associated with any accident, injury, or other incapacity, regardless of whether I have authorized such expenses. I also agree that Camp Hallelujah Trail is not responsible for personal items that may be lost or stolen. I also agree that if my child becomes unruly that the child may be sent home or parents will be called to come and pick them up.

Signature of Parent / Guardian

Date

Print name of Parent/Guardian

Insurance Policy Number _____

Group Policy Number _____

Group Policy with _____

Coverage Verification Phone Number _____

List any medical, physical, or other limitations _____

Allergies _____

Last Tetanus Shot _____

Current Medications _____

Any Medications Child Might need help taking _____

Doctor's Name _____ Phone _____

I AGREE TO ABIDE BY THE CAMP RULES

(Read camp rules) (Signature of Camper)