

2023 Camp Good News Registration & Liability Release Form

(Release of all Claims)

In consideration for being accepted by the **Panhandle Baptist Association** and **Child Evangelism Fellowship of West Texas, Inc.** for participation in attending **Gibson Baptist Assembly ("Camp Gibson") / Camp Good News®, July 10-14, 2023** I/We, being 21 years of age or older, do for myself/ourselves and for and on behalf of my/our child participant, do hereby release, forever discharge and agree to hold harmless **Panhandle Baptist Association, Camp Gibson / Child Evangelism Fellowship Inc., Camp Good News**, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, I/We and on behalf of my/our child-participant hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify **Child Evangelism Fellowship Panhandle Area**, its directors, employees, and agents, for any liability sustained by said organization as a result of the negligent, willful, or intentional acts of said participant including expenses incurred attendant thereto.

I/We am/are the parent(s)/legal guardian of this participant, and hereby grant my/our permission for him/her to participate fully in said trip, and hereby give permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I/We hereby assume all transportation costs.

Please send your registration by June 15 to:

Camp Good News 2700 S. Western St, Suite 500, Amarillo, TX 79109

Make checks payable to: CEF West Texas, Panhandle Chapter

Camper's Full Name: _____ Camp Fee: \$160.00 Paid _____
Scholarship _____ Will pay at camp _____

Birthdate: ____/____/____ Age: ____ Girl: ____ Boy: ____ T-shirt size _____ (Youth) (Adult)

Mailing Address: _____ City _____ State _____ zip _____

Would like to room with: _____ (same age only)

Both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

Printed Names _____

Father/Guardian Signature Date Mother/Guardian Signature Date

Emergency Phone #s: Mother _____ or Father _____

Other emergency contacts and numbers _____

Email _____ (please, so I can send info)
CEF® West Texas will use your child's photo for promotional purposes unless you request otherwise on this form.

Child Evangelism Fellowship Panhandle Area

Permission and Medical Information Form

Medical History: *(Please list any allergies, reactions to medications, medical or health problems, continuing or recurrent illness)*

Current Status: *(Please list medications taking, dietary restrictions, activity restrictions) if more than 3 please list in the same format on the back.*

Name of Med _____ Dosage _____ time of day _____

Name of Med _____ Dosage _____ time of day _____

Name of Med _____ Dosage _____ time of day _____

Dietary / activity Restrictions _____

Name and Phone of Family Physician: _____ Phone _____

Medical Insurance Information: *(most hospitals will not admit a patient without this information)*

Name of Insurance Carrier: _____ Phone # _____

Policy name and/or Number: _____ Name of Primary Insured: _____

Other information: _____

CAMPERS and STAFF UNDER 18: Medical Consent Statement: *(Most doctors will not treat a patient even in an emergency, unless parental consent is given)*

I hereby give my consent, as parent or guardian of _____, to Child Evangelism Fellowship Panhandle Area and its sponsors to make emergency medical decisions during the time from July 10th-14th 2023 and understand that the sponsors will make every attempt to notify me if any medical attention is necessary.

Permission Statement: As the parent or legal guardian of this participant, I hereby give permission for my child to participate in all Camp activity EXCEPT _____ *(name activity ex: swimming, games, etc.)* Should it be necessary for the participant to return home due to disciplinary action, medical reasons or otherwise, I will assume all transportation costs.

Parent's Signature for all of the above _____

(STAFF) over 18, Medical Consent Statement: I hereby give my consent to Child Evangelism Fellowship and its sponsors to make emergency medical decisions on my behalf during the time from **July 10th – 14th, 2023.**

Signed _____

Rules of Conduct for Campers: I agree to abide by the rules at Camp Good News and will have an obedient spirit towards my counselor, the directors and other staff.

Camper's Signature _____