

## *Grant of Medical Authority and Release*

***PLEASE SEND A COPY OF THIS FORM TO US FOR EACH YOUTH WHEN YOU RETURN YOUR INFORMATION AND MONIES.***

***PLEASE BRING A COPY OF THIS FORM FOR EACH YOUTH WHEN YOU ARRIVE FOR YOUR RECORDS.***

I/We am/are the parent(s) and/or legal guardian of \_\_\_\_\_  
do hereby give to the Southeastern Youth For Christ Conference (SYFCC) and its medical staff, under the leadership of the directors, permission to take whatever reasonable action necessary by emergency circumstances to obtain medical, hospital or surgical care by a legally qualified physician or surgeon if such care or treatment is deemed necessary by the physician or surgery for and on behalf of (child's name):

\_\_\_\_\_

This authority to act on behalf shall not be affected by temporary or permanent disability, incompetence or incapacity. I/We understand that the SYFCC will attempt to contact me/us before authorizing such medical treatment. I/We do hereby release the SYFCC, its agents and medical staff personnel from any and all claims, demands and liabilities to me/us or to my minor child, on account of any and all injuries or damages, whether direct or indirect commissioned by and through the exercise of authority granted in the foregoing paragraph. I/We do further accept the financial responsibility for all medical attention that may be needed as long as it is prescribed by a legally licensed and qualified physician or surgeon. I/We will be responsible for filing any and all claims, if any, with my/our insurance company.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Telephone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy#: \_\_\_\_\_

Return this form to:  
Bro. Arthur Medlock  
928 Branch Road  
Albany, GA 31705  
229-894-7094  
or email to medlockarthur@gmail.com

Revision: 03152018

## Summer Camp - Emergency Information

CAMP NAME: \_\_\_\_\_

DATE(S) OF CAMP: \_\_\_\_\_

Camper's Full Name \_\_\_\_\_ MF \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State and Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

### MEDICAL AUTHORIZATION

Prior to participation the Camp, parents or legal guardians of all participants are required to provide a complete authorization for medical treatment and a health record for their children. Please print legibly or type, completing all items. The authorization is not valid without proper signature. Please include a copy of the appropriate insurance card(s).

I certify that I am the parent or legal guardian of the above-named child. I understand that Georgia Southern University may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional, during my child's participation in this activity, with the understanding that the cost of any such treatment will be my responsibility.

I am aware that Georgia Southern University does not provide insurance for my minor child, and that I am solely responsible for any medical costs arising out of my minor child's participation in the above-referenced program. I agree to indemnify and hold harmless Georgia Southern University, the Board of Regents of the University System of Georgia, the State of Georgia, and the Georgia State Tort Claims Trust Fund, and all of their employees, officers, members, agents, volunteers, and contractors (hereinafter referred to collectively as "University") for any costs incurred to treat my child, even if University has signed hospital documentation promising to pay for the treatment due to my unavailability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and hold harmless for any and all purposes University from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, and including injuries sustained as a result of negligence of the University.

I understand that in accepting this document, the University does not waive any sovereign, governmental, or official immunity that might apply to itself, any state agency or instrumentality, or any state officer, employee, or volunteer. I understand and intend that this waiver is binding upon me, the members of my family, my spouse, and my heirs, executors, administrators and assigns. I expressly agree that this document is governed by and interpreted in accordance with the laws of the State of Georgia. Jurisdiction and venue for any actions with respect to this document or to my child's participation in this program shall be had only in a tribunal of competent jurisdiction in Fulton County, Georgia.

\_\_\_\_\_  
Signature of Parent or Guardian (for students under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Daytime Phone

## Summer Camp - Emergency Information

Camper's Full Name \_\_\_\_\_ MF \_\_\_\_\_

Date of Birth \_\_\_\_\_

### HEALTH RECORD

#### PHYSICIAN INFORMATION

Name of participant's physician: \_\_\_\_\_ Physician's phone numbers: \_\_\_\_\_

Is participant presently under the care of the physician? \_\_\_\_\_

Date of last tetanus booster (Month/Year): \_\_\_\_\_

#### HEALTH CONDITION

Please list any medication being taken: \_\_\_\_\_

Is there anything you need us to know about your child, including any allergies or conditions, for which he/she might need accommodations?

#### TREATMENT PRECAUTIONS

Are there any special circumstances such as religious convictions, legal arrangements, or chronic problems that we should know about before treatment? If yes, please explain:

#### INSURANCE INFORMATION

Name of Insured: \_\_\_\_\_

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please describe emergency coverage: \_\_\_\_\_

**Please Note:**  
**GSU staff members are not permitted to administer medication**

#### **EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Nighttime Phone \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Nighttime Phone \_\_\_\_\_

## Summer Camp Waiver

CAMP NAME: \_\_\_\_\_

DATE(S) OF CAMP: \_\_\_\_\_

I certify that I am the parent or legal guardian of \_\_\_\_\_

I hereby acknowledge that my child's participation in the Summer Camp activity may expose my child to risk of property damage and bodily or personal injury, including death, and I willingly and voluntarily assume such risks and allow my child to participate. I understand that the risks that my child may encounter include, but are not limited to, bruises, cuts, sprains, muscle strains, hernia, broken bones, heat exhaustion, hypothermia, concussion, drowning, insect bites, exposure to toxic substances, exposure to criminal activity, injuries caused by wild animals, and death, as well as other risks that may not be foreseeable. I have been informed and understand that there are inherent risks and dangers involved in these activities.

I am aware that Georgia Southern University does not warrant the condition or adequacy of any equipment, premises, vehicle, or mode of transportation for any purpose. I am further aware that Georgia Southern University does not warrant the adequacy or competency of any camp leader, vehicle driver, trainer, or other personnel.

I have also read and understand all pre-camp information provided. I agree that I will discuss with my child the importance of following all rules of Summer Camp and the instructions and guidelines of the staff of GSU and the camp leaders. I acknowledge that my child may be removed from the program without refund for failure to follow all rules and instructions.

In exchange for allowing my child to participate in this program, I hereby forever release, waive, discharge, indemnify, covenant not to sue, and agree to hold harmless for any and all purposes Georgia Southern University, the Board of Regents of the University System of Georgia, the State of Georgia, the Georgia State Tort Claims Trust Fund, and all of their employees, officers, members, agents, volunteers, and contractors (collectively referred to as the "University") from any and all liability, claims, demands, causes of action, suits, losses, damages, property damage, property loss or theft, costs (including court costs and attorneys' fees) or injury, including death, that may be sustained by my child while participating in this activity, while traveling to and from the activity, or while on the premises owned or leased by University, whether caused by the negligence of the University or otherwise. I understand and intend that this waiver is binding upon me, the members of my family, my spouse, and my heirs, executors, administrators and assigns.

I understand that in accepting this document, the University does not waive any sovereign, governmental, or official immunity that might apply to itself, any state agency or instrumentality, or any state officer, employee, or volunteer. I expressly agree that this document is governed by and interpreted in accordance with the laws of the State of Georgia. Jurisdiction and venue for any actions with respect to this document or to my child's participation in this program shall be had only in a tribunal of competent jurisdiction in Fulton County, Georgia.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Print Name of Minor Participant

## Photography License and Release

For good and valuable consideration herein acknowledged as received and sufficient, I hereby grant to Georgia Southern University ("Georgia Southern"), its affiliates, legal representatives, and assigns, and those acting with Georgia Southern's authority and permission, the irrevocable and unrestricted right and permission to create, use, re-use, publish and re-publish video recordings, audio recordings, photographs, or other media that contain or capture my child's likeness or voice or in which my child's likeness or voice may be included ("Images") in connection with any publication or materials relating to or serving the mission and goals of Georgia Southern University, including advertisements, brochures, or other promotional materials, or for any other lawful purpose. The Images may be used with or without my or my child's name, and in any and all media now or hereafter known, including, but not limited to, social media, print media, and electronic media. I acknowledge and agree that Georgia Southern owns all right, title, and interest in and to the Images, including all copyrights therein and the full and unrestricted right to edit and modify the Images, and I hereby assign and agree to assign any such interest that I may own or control to Georgia Southern. I also consent to the use of any printed matter in conjunction with the Images. I hereby waive any right I may have to inspect or approve the Images or any finished product or products incorporating the Images and any written or other print material that may be used in connection therewith, including print material containing my or my child's name. I acknowledge that nothing in this Agreement obligates Georgia Southern or any third party to make any use of the Images. I understand that neither I nor my child will be compensated for use of the Images.

I hereby warrant that I am the parent or legal guardian of the below-named child. I have read the above Photography Release prior to its execution, and I am fully familiar with its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

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Signature of Parent or Guardian (for students under 18)

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Date

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Print Name of Parent or Guardian

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Print Name of Minor Participant

# Participation Form

**This form IS NOT required for those who register their participants online**

**Congregation:** \_\_\_\_\_

**Boys Basketball:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Boys Volleyball:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Girls Basketball:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Girls Volleyball:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Track:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Speech Competition:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Singing Group:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Fashion Show:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Bible Bowl:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Age Group:** \_\_\_\_\_

**Spelling Bee:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Age Group:** \_\_\_\_\_

**Art Competition:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Drama:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Scnonnetcs for Young Men: List Names Below**

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**Devotional Leaders: List Names Below**

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**Signature: Youth Director** \_\_\_\_\_