

YOUTH SUMMER WEEK REGISTRATION

FOR STUDENTS 7TH GRADE – COLLEGE

STUDENTS THAT HAVE COMPLETED 7TH GRADE IN THE 2019-2020 SCHOOL YEAR.



SUNDAY, JULY 5TH – WEDNESDAY, JULY 8TH 2020

SUNDAY, JULY 5TH / 6 PM – 9 PM

MONDAY, JULY 6TH – WEDNESDAY, JULY 8TH / 9 AM – 9 PM

(THERE WILL BE A BREAK MONDAY, JULY 6TH – WEDNESDAY, JULY 8TH FOR STUDENTS TO LEAVE AT 3 PM AND RETURN BACK AT 6:00 PM.)

Student's Name: _____

****The preferred name you go by. This is printed on your nametag****

Gender: ___F ___M **Age at event:** _____

Student's Phone #: _____

Grade completed in the 2019-2020 school year. (Circle One)

7 8 9 10 11 12 OUT

Cost Per Student: FREE

Parent Signature: _____

Parent's Phone #: _____

***Lunch & Dinner will be provided Monday - Wednesday.**

If you have any questions, please contact Bro. Jeff at 979/777-4837 or email esm.2992@gmail.com

Name of Camp: _____ Date of Camp _____

Medical/Photo Release

**Evergreen Baptist Church 8834 CR 172 Iola, TX 77861
Clear Inc. P.O. Box 5117 Shreveport, LA 71135**

Camper Name _____

Address _____

Phone # _____ City _____

State _____ Zip _____

Birth Date _____

Camper Age _____ Last grade completed _____

Boy ____ Girl ____

Parent/Guardian Name(s) _____

Address _____ City/State _____

Zip _____ Home Phone _____ Work Phone _____

Cell _____

Other person to notify in case of emergency _____

Phone _____

Medical Profile

Generally my health is (check one) __excellent__ good __fair__ poor

If fair or poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

PHYSICAL OR EMOTIONAL DISORDERS: Epilepsy: _____ yes _____ no

Attention Deficit Disorder: _____ yes _____ no Other: _____

NOTE: All medications MUST be in the original prescription bottle with the name of the camper on it and dosage instructions. Otherwise, we are not allowed dispense medication.

List any Special Diet: _____

Childhood Diseases: ___ Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other Date of Tetanus Immunization: ___/___/___

Family Physician _____

Phone (_____) _____

Insurance Co. _____

Policy # _____

Subscriber name: _____

Subscriber Number: _____

Place of Employment: _____

Work Phone: _____

Subscriber Occupation: _____

Permission for Treatment and Photo/Video Notice

My permission is granted for any adult representative of the Camp Staff or my local church leaders to obtain necessary medical attention in case of sickness or injury to my camper. Also, I understand that as a participant, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, Evergreen Baptist Church and the Camp Staff from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in camp.

Please complete and sign below (youth under 18 years of age requires parent/guardian signature)

Camper's Signature _____

Date: ___/___/___

Parent/Guardian signature _____

Date: ___/___/___

COVID-19 Liability Release Form

Please take a moment to complete our consent form.

By submitting the form below, you consent to not hold Evergreen Baptist Church or Clear, Inc. liable if you contract the Coronavirus while knowingly and willingly participating in our 2020 Summer.

Evergreen Baptist Church & Clear, Inc. reserves the right to refuse service if this form is not submitted.

First Name: _____

Last Name: _____

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not, given the current limits in virus testing. *

____ Yes

I understand that due to the programming, and dining services, that I have an elevated risk of contracting the virus simply by being on campus even with consistent disinfecting.*

____ Yes

I confirm that I am not presenting any of the following symptoms of COVID-19 listed below: *

- Temperature above 98.7 degrees
- Shortness of breath
- Loss of sense of taste or smell
- Dry cough
- Sore Throat

I Am Not Presenting Symptoms

____ Yes

I confirm that I have not been around anyone with these symptoms in the past 14 days. *

____ Yes

I do not live with anyone who is sick or quarantined. *

I Do Not

I understand that the CDC recommends social distancing of at least 6 feet. *

Yes

I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19. *

Yes

I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days. *

Yes

Sign here: _____

Please enter today's date. ____/____/____

If you are under the age of 17, please have your guardian sign below and indicate their relationship to you
Guardian Signature:

Relationship to the student:
