

# CrossTimbers 2019 Camper Release and Waiver of Claims Form (1 of 2)

Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)

Name: \_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

Church: \_\_\_\_\_

Church Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ (Youth S-L, Adult S-XXXL)

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell or Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

1. Does camper have ANY known allergies? (i.e. food, medication, etc.) **YES NO** (Please circle one.) Please specify \_\_\_\_\_

2. Does camper presently take any medications regularly? **Yes No** (Please circle one.)

If yes, what medications? \_\_\_\_\_ For what reason? \_\_\_\_\_

3. Please List any other medical condition(s) that would be helpful to know: \_\_\_\_\_

4. Date of last tetanus immunization: \_\_\_\_\_

5. The above named individual has current medical insurance coverage through:

Insurance Company: \_\_\_\_\_ Name on Insurance Policy: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mailing Address for Medical Claims (see back of insurance card): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: (\_\_\_\_\_) \_\_\_\_\_

7. Will parent or guardian of the Camper attend camp during the same period of time as the Camper? **Yes No** (Please circle one.)

If yes, name of parent/guardian \_\_\_\_\_

Please continue to the back or adjoining page. All forms MUST be fully completed.