



**COMPLETE STUDENT
REGISTRATION FORM**

**MEDICAL RELEASE, PERMISSION TO TREAT
AND INDEMNITY FORM**

Summer Camp Day Camp Other (circle which one applies)

Date of Event: _____

GENERAL INFORMATION

Name: _____

Age: _____ Birthday _____

Year In School: _____ Sex: Male__ Female__

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Medical insurance company _____

Policy # _____

Mother's name _____

Phone: Home _____

Work _____

Father's name _____

Phone: Home _____

Work _____

Emergency Contact _____

Phone: _____

Physician _____

Office Phone: _____

Dentist _____

Office Phone: _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological, ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action or protection is required on account thereof. Submit this notification in writing and attach it to this form.

Check the following areas of concern for this student. If necessary, add another page with details.

1. For your child's safety and our knowledge, is your student a -
good swimmer fair swimmer non-swimmer

2. Does your child have allergies to -
pollens medications food insect bites

If food please describe:

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma epilepsy/ seizure disorder heart trouble diabetes

frequently upset stomach physical handicap heat exhaustion

4. Date of last tetanus shot: _____

5. Does your child wear: Glasses Contact lenses

6. Please list and explain any major illness the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

7. Please list any medication your child is currently taking, what it is treating and the dosage:

8. How would you rate your student's overall physical conditioning:

Very Athletic (good cardiovascular conditioning — could run 3-5 miles fairly easily)

Athletic (some cardiovascular conditioning— could run 1-2 miles fairly easily)

Non-Athletic (little cardiovascular conditioning — could walk 1-2 miles fairly easily)

X-Box Champion (fingers are in great shape — prefers to be stationary)

RULES OF CONDUCT

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing (string tank tops, half shirts)
- Respect property, you damage it you pay for it
- Respect one another, staff and adult leaders
- No pranks
- No dating relationships during camp

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate with Pathfinders. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

PARTICIPANT/ GUARDIAN WAIVER AND MEDICAL RELEASE FORM

Participant (Students Name) _____

In consideration of your accepting me or my child for participation in Summer Camp with Pathfinders, I hereby, for myself, my heirs, executors, administrators, waive and release any and all rights and claims for damages that I may have against the above-named program, activity, or sport sponsored by the above-named organization.

I understand that the program may include, but is not limited to hiking, camping, rappelling, rock climbing, white-water rafting, paintball, mountain biking, mountain boarding, spelunking, other water activities, marksmanship and other high risk activities. I also understand that my student may leave the Pathfinders campus for day events.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold Pathfinders and Solomon's Vault harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

For the considerations stated above, I further agree that in the event my child or I should make any claim against the above-named organization for damages arising out of the above-name program, activity or sport, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors, volunteers and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I further give my consent to seek whatever medical attention is deemed necessary, and release Pathfinders, its staff and volunteers of any liability against personal losses of named child

I/ We the undersigned have legal custody of the student named above, a minor and have given our consent for him/her to attend events being organized by Pathfinders. I/We understand that there are inherent risks involved in any outdoor activity or athletic event, and in the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by the paid or volunteer staff of Pathfinders, I/ We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/ our knowledge, still be in force for the student named above during their participation with Pathfinders. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Pathfinder staff.

(Parent/Guardian signature must be witnessed and signed by a non-family member below)

Parent/ guardian signature: _____ Date: _____

Camp date student is attending . The week of _____

Witnessed _____(day) of _____ (month), _____ (year) in the county of _____, State of _____

Notary Signature _____

Expiration date _____

Pathfinders contact information: 4951 Sullivan Gardens Parkway, Kingsport TN 37660
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