

Activities Agreement – Kids Camp 2022

As parent or legal guardian, I grant permission for _____ to attend the following outing with Eagle Point Community Bible Church (“EPCBC”):

Medical Information and Authority

As the above-named child’s parent or legal guardian, I authorize Eagle Point Community Bible Church and/or its representative or agent to authorize all necessary medical, dental, and/or hospital treatment in the event of accident, illness, or injury to the above-named child.

Health Insurance: _____ Policy # _____

Group # _____

Name Insured: _____ Primary Care Physician: _____

Physician’s Phone _____

In case of emergency contact name and phone#: _____

Please list and explain any allergies, medications, dietary restrictions, the date of the child’s last Tetanus shot, and any other pertinent medical information. *Any prescribed medications will need to be accompanied with a prescription authorization form.*

On behalf of my minor child participant who is under 18 years of age, being reasonably and duly aware of the risks and hazards inherent in participating in such activities, I agree to release, forever discharge, and agree to hold harmless EPCBC, its Board of Directors, employees, and volunteers from any and all claims, demands, actions, or causes of action which may arise due to personal injury, sickness, death, or property damage as a result of the child’s participation in the designated event or activity, travel to or from said event, or any actions of the associated agents of EPCBC. This agreement includes all actions performed by EPCBC or its agents, including but not limited to negligent acts.

If the participant needs to return home due to medical reasons, disciplinary actions, or otherwise at the sole discretion of EPCBC or its agents, we/I agree to pay for all costs associated with such transportation. Furthermore, if the above-named child takes alternate transportation in association with the event or activity, I accept all risks associated with such transportation. This agreement fully applies to such travel and its inherent risks.

The above-named child has my permission to participate in the above named EPCBC event or activity. I freely, voluntarily, and expressly accept and assume the risks and expenses associated with this event or activity and associated travel.

While involved with the named event or activity, the above-named child is under the authority and direction of the agents of EPCBC. I understand that the use or possession of alcoholic beverages, illegal drugs, tobacco products, fireworks, firearms, foul language and abusive or lewd behavior are strictly prohibited. The event or activity will be conducted in accordance with the standards set forth by the leadership of EPCBC. I understand that any variance from these standards will result in immediate expulsion, and I may be required to pick up the child immediately at my own expense. I understand that this event or activity is being conducted by a Christian organization, and will include a spiritual emphasis, and further agree to allow my child to fully participate.

While participating in the previously mentioned activity, I understand that pictures and videos of the group may be taken. The purpose of these photos and videos may include, but not be limited to, event promotional media, trip summaries, newsletters, etc. This media may also be posted on the church website/social networking pages.

I have read, understand, and have discussed the implications of this form with my child. My child and I both agree to comply fully with a requirement enumerated in this agreement.

Print Participant Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____

Date: _____

Home Phone: _____ Work/Cell Phone: _____

Alternate Contact Name: _____ Phone: _____

Authorization to Release

Your child will only be released to the individual listed as parent or legal guardian. If you would like to authorize another individual or individuals to pick up your child, please list the persons here.

Name: _____ Relationship to child _____

Name: _____ Relationship to child _____

Name: _____ Relationship to child _____

I understand that the individuals listed above will be allowed to pick up the above-named child. I give my full permission to EPCBC to release custody of the above-named child to these individuals.

Parent/Legal Guardian Name: _____

Phone Number: _____ Date: _____

Signature: _____

EPCBC Kids Camp Safe Pick Up List

Childs Name (Include Siblings at Camp)

First _____ Last _____

First _____ Last _____

First _____ Last _____

Legal Guardian's name

First _____ Last _____

First _____ Last _____

Address:

Street _____ City _____

State _____ Zip Code _____ Phone _____

Date: July 28, 2022

Event: Eagle Point Community Bible Church Kids Camp

I understand that the individuals listed will be allowed to pick up my child(ren) listed above on July 31, 2022. I hereby give my permission to Eagle Point Community Bible church to release custody of the above-named children to these individuals.

First Name: _____ Last Name: _____

Phone Number: _____ Phone Number: _____

Relationship to Child: _____

First Name: _____ Last Name: _____

Phone Number: _____ Phone Number: _____

Relationship to Child: _____

For EPCBC check-out use

Guardian Signature _____

Name _____

July 28, 2022 – July 31, 2022

-----Authorization for Medication-----

Child's Name _____ Birth date _____

Age _____ Allergies _____

Name of 1st medication: _____

Dose and Time to be given: _____

Name of 2nd medication: _____

Dose and Time to be given: _____

THIRD MEDICATION (If there is a third medication, please check the box, and write the name and dosage on the back of this page)

If prescribed on an "as needed" basis, please provide detail:

Side effects if any:

Please indicate if this medication is **PRESCRIPTION MEDICATION**: Yes No

If yes, is the medication in the original container with the prescription label:
 Yes No (if NO is checked, physician authorization form is required.)

I am the legal guardian of the child listed above. I hereby give my permission for the administration of the medication(s) listed above in the dosage and directions I have provided to be given to my child by the staff of EPCBC Kids Camp. I have provided accurate information and have submitted Physician Authorization if necessary. I give this permission for today's date, July 28, 2022 through July 31, 2022.

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

For EPCBC check-out use	
Medications Returned to Guardian:	YES NO If no, reason: _____
Guardian Signature: _____	Staff Initials: _____



Sign Up's Happening NOW!

For students going into
3rd, 4th, & 5th Grade

Cost: See other side.

Drop off: 9:00am Thursday July 28th at
Eagle Point Community Bible Church.

Pick Up: 2:00pm Sunday, July 31st at
Eagle Point Community Bible Church.

Where: Kid's Camp is held at Wilderness
Trails off Hwy 140. Campers will
experience a weekend of fellowship,
devotions, worship, and many other fun
activities!

All our volunteers that attend have
cleared a background check.




Registration forms available at
EPCBC or online at
www.epcbc.org

27 S. Shasta Ave, Eagle Point

Or call Kim Shaffer @ 541-538-0064

Kid's Camp 2022 Packing List

- Warm Clothes and Cool Clothes
- Good Walking Shoes
- Warm Jacket
- One-Piece swimsuit (girls) swim shorts (boys)
- Towel
- Insect Repellant & Sunscreen
- Personal Items (soap, toothbrush, etc.)
- WARM Sleeping Bag & Pillow (extra blanket)
- Flashlight
- Bible & Notebook
- Reusable Water Bottle
- EPCBC Medical Release/Medication/and ALL Registration forms must be turned in!
- **Sack Lunch for Thursday** 

(Please do not bring electronic devices or sentimental items that could get lost or damaged)