

Christ Embassy USA Region 1 Virtual Zone 1
Annual 2023 Teen’s Camp– TAKE OVER!

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child’s name)(“Participant”), to attend and participate in the 2023 Christ Embassy’s Teens Camp during the period of September 1, 2023 – September 4, 2023 at Sandy Cove Ministries in North East, MD.

LIABILITY RELEASE: In consideration of Christ Embassy Virtual Zone 1 Group allowing the Participant to participate in the 2023 Annual Teens’ Camp, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Christ Embassy Virtual Zone 1 Group, its pastors, directors, employees, volunteers and teachers (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the Teen’s Camp. I, the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in retreat activities at Sandy Cove Ministries in North East, MD during the above-mentioned period. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my youth to ride in a vehicle driven by an approved and licensed ADULT chaperone while attending and participating in the 2023 Annual Teen’s Camp. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Name of youth participant

Signature of youth participant

Date

Name of parent/guardian

Signature of parent/guardian

Date

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YOUTH CODE OF CONDUCT

Youth who participate in Youth retreat shall agree to conduct themselves in accordance with Christian standards. They understand the following:

1. Youth who participate in camp activities will remain on the premises of the designated location for the duration of that activity, leaving only on the direction of the chaperons of the retreat.

2. Youth are expected to adhere to the following:
 - Respect those who are talking or in charge (disruptive behavior is not acceptable)
 - Remain in designated lodges during night time (No visiting other lodges at night time).
 - Attend all programmed retreat activities
 - Respect and treat each other respectfully
 - Respect all property
 - Help with the setting and cleaning up after youth activities
 - If you attend church and then plan to attend youth activities that follow church, you will remain on church property until released by the adult in charge
 - Inappropriate display of affection and intimacy is unacceptable
 - Language and dress should reflect Christian values
 - Possession, distribution and the use of tobacco products, alcohol or illegal drugs are prohibited at all times
 - The youth will inform the adult in charge if they are taking medication (prescription or over the counter medication)

3. If a youth violates any of these rules, they may be removed from the event. The adult in charge will inform the youth of which rule is being violated and will inform the youth's parents.

Name of youth participant

Signature of youth participant

Date

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HEALTH INFORMATION FORM
(To be returned to your Teen's church coordinator)

The following is needed by a Medical Doctor and/or facility not having access to your child's medical history.

Medical Profile

List any medical conditions / difficulties which are currently being treated: _____

Check any of the following that cause you problems & explain:

- Asthma Sinusitis Bronchitis
 Kidney Trouble Heart Trouble Diabetes
 Dizziness Stomach Upset Hay Fever

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____

Date of Tetanus Immunization: ___/___/___

Family Physician _____ Phone: (____) _____

Insurance Co. _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____

Subscriber Occupation: _____ Work Phone: (____) _____

Father/Guardian Name: Mother/Guardian Name:

Address: _____ Address: _____

Home Telephone: _____ Home Telephone: _____

Cell Number: _____ Cell Number: _____

Work Number: _____ Work Number: _____

Name of parent/guardian

Signature of parent/guardian

Date