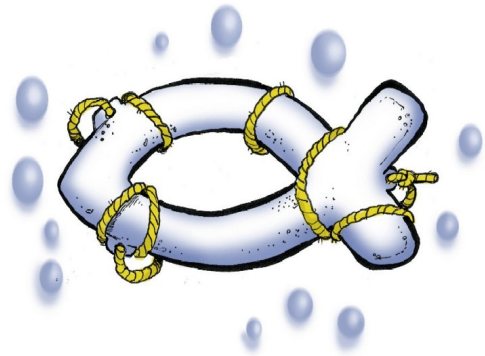


# Youth Camp

**St. Louis Metro Baptist Camp  
Logan Valley Christian Retreat  
Ellington, MO  
July 12-16, 2010**

**Cost: \$165  
For all youth in  
grades 6-12**



**To register: Turn in  
form with \$40 deposit by June 16**

**Camp Theme - “Say What”**

**Join a big group of students from all over St. Louis at a fabulous  
campground in Southeast MO for a week of worship, Bible  
studies, recreation, and lots of other fun stuff that will get you  
closer to God!**

**Event: St. Louis Metro Youth Camp @ Logan Valley**

**Event Date: July 12-16**  
**Personal Health History / Medical Release Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Grade going into in School \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_ Telephone \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants Yes ☐ No ☐ Explain: \_\_\_\_\_

General Information:	Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

List any medications to be taken: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in this event:

Is this youth free from any communicable disease? If no, please explain. \_\_\_\_\_

Are immunizations current? Yes ☐ No ☐

Date of Last Tetanus Shot \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Telephone \_\_\_\_\_

In consideration for being accepted by the Genesis Church for participation in this Youth activity, I, being 21 years of age or older, do for myself and on behalf of my youth-participant, do hereby release, forever discharge and agree to hold harmless Genesis Church and the directors thereof from any and all liability, claims or demands for 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 youth-participant that occur while said youth is participating in the trip or activity.

Furthermore, I, do for myself and on behalf of my youth-participant, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, 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.

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. I am entrusting the care of this person to the adults responsible for this activity. I hereby give permission to the physician selected by these adults to order x-rays, routine tests, and treatments for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adults responsible for this activity, to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I also authorize said physician or any physician or hospital who has previously treated my child, to disclose any information thus acquired, if requested, to the Ballwin Baptist Church insurance carrier.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

"Periodically, pictures of these events will be taken and used for scrapbooks or other publications. You must give written notice to Genesis Church if you do not want your child's picture included."

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)