

ALIVE

**Attach Current Photo
Here**

Name: _____ Church: _____

Address: _____

Phone: _____ Cell: _____

Email: _____ Shirt Size _____

Gender (circle one): Male or Female Age: _____

Roommate Preference: _____

(Max. 4) _____

ALIVE RULES:

1. Campers must abide by all rules and regulations of Eastern Mennonite University & RMAI.
2. Once you're at the retreat, you cannot leave unless you have permission from the Camp Director.
3. Absolutely no drugs, cigarettes, alcohol, weapons, or fireworks are permitted.
4. Whenever there is an event, class, or activity, **ALL** campers must be there on time.
5. You may bring cameras and iPods, but you bring them at your own risk. RMAI or Eastern Mennonite University will not be responsible for any theft, loss, or damages that might occur. DVD players & computers are prohibited.
6. Only Christian music is allowed. Secular music may be subject to confiscation.
7. There must be at least 3 people in your group. There is no coupling off with the opposite sex, no public displays of affection such as holding hands, kissing, laying on one another, or massaging one another.
8. No guys in the girls' dorms or girls in the guys' dorms.
9. Campers will be charged for any damages that they cause.
10. All Cell Phones will be collected by your churches Leaders. There will be assigned times for the students to use cell phones.
11. Be congenial, kind, and polite to other campers and staff at Eastern Mennonite University.
12. **Dress Code:** Modest shorts and modest tank tops are permitted at all times. No spaghetti strap tank tops, short shirts, halter tops or skirts may be worn to services. One-piece swim suits are preferred; however, modest two-piece suits may be worn under tank tops RMAI understands that there are certain current fashions that can push the dress code limits to the extreme, RMAI reserves the right, at any time, to deem a camper's attire/swim attire inappropriate and require the camper to return to his/her dorm immediately to change into appropriate attire/swim attire.

Campers who are repeatedly found to be in violation of these rules may be sent home early. **Refunds will not be issued.**

Signature

Date

**ADULT RELEASE OF CLAIMS AND
HOLD HARMLESS AGREEMENT**

Activity: ALIVE Summer Camp----July 8-13th, 2012---- traveling to and from Eastern Mennonite University in Harrisonburg, VA—participating in Water Park activities, indoor/outdoor sports, etc.

I, _____, hereby affirm and agree that I am aged 18 years or older; that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of the Activity prior to signing this release. I agree, individually and on behalf of my heirs, to release and to hold harmless RMAI., its agents, volunteers, officers, trustees, and employees (collectively referred to as "RMAI") from liability for my injury, death, or damage to or loss of my personal property, resulting directly or indirectly from my participation in the Activity and/or from negligence of the RMAI. I personally assume all risks and liabilities in connection with my participation in the Activity and agree to indemnify the RMAI from any liability assessed against the RMAI as a direct or indirect result of my participation in the Activity. This release includes all risks and liabilities connected with the Activity, whether foreseen or unforeseen. I consent to the RMAI photographing and/or recording the Activity and agree that any photographs or recordings of me taken by the RMAI at the Activity are the exclusive property of RMAI for use by RMAI as it sees fit. I agree that I shall not be entitled to any compensation for such use. In the event that I am injured during the Activity, and am unable to provide consent to my medical treatment, I authorize RMAI to consent on my behalf to the performance of any and all medical treatment judged necessary by RMAI, until I am able to provide consent or until someone legally able to speak on my behalf is made available. I agree, individually and on behalf of my heirs, to release, indemnify, and hold RMAI harmless from any liability which may be assessed against RMAI as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.

Adult

Date

Witness

Date

EMERGENCY MEDICAL INFORMATION

Your Full Name _____
 Address _____
 City _____ State _____ Zip _____
 Birth Date _____
 Home Phone # _____
 Emergency Contact _____
 Emergency Phone # _____

Doctor's Name _____
 Doctor's Office Phone # _____
 Insurance Company Name _____
 Insurance Card # _____
 Insurance Policy # _____
 Alternate Emergency Contact _____
 Alternate Emergency Phone # _____

HEALTH HISTORY

Have you had:	YES	NO
An attack of appendicitis	_____	_____
Asthma or hay fever	_____	_____
Hernia	_____	_____
Rheumatic Fever	_____	_____
Diabetes	_____	_____
Do you take insulin?	_____	_____
Poliomyelitis	_____	_____
Heart trouble	_____	_____
Scarlet Fever	_____	_____
Significant disease, injury, or operation	_____	_____

Are you subject to:	YES	NO
Sinus trouble	_____	_____
Fainting spells	_____	_____
Ear trouble	_____	_____
Poison Ivy, oak, etc.	_____	_____
Reaction to penicillin	_____	_____
Nervous or upset easy	_____	_____
Allergy to aspirin	_____	_____
Date of last tetanus shot	_____	_____
Are you under medical care requiring medication?	_____	_____
Is your activity restricted due to medical reasons?	_____	_____

IF THE ANSWER IS "YES" TO ANY OF THE PREVIOUS QUESTIONS, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER AND ATTACH IT.

Please list all allergies, if any (including allergies to over-the-counter medicines): _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.

If Minors will be present at the activity, all prescription medications must be turned in to the activity nurse or medic at time of activity registration. Adult initial that the above statement has been read: _____

Should any of the information provided on this form change, it is the responsibility of the parent to request a new form, complete the form in its entirety, and submit it to the church office. You must allow a minimum of one week for processing.

 Adult Signature Date

For office use only:
 Date Received: _____ Initials: _____