

ALIVE



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 & 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, thus 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

Parent Signature

Date

**ALIVE FORM
MINOR'S RELEASE OF CLAIMS
AND HOLD HARMLESS AGREEMENT**

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

Please Print

I, _____, hereby affirm and agree that I am the parent or legal guardian of _____, a minor ("Minor"); that I am legally competent to sign this agreement and release; that I have fully inform myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risk of the Activity prior to signing this release.

I agree, individually and on behalf of Minor, to release and to hold harmless RMAI, its agents, officers, directors, and employees (collectively referred to as "RMAI") from liability of any kind, including negligence, for Minor's injury, death, or damage to or loss of Minor's personal property, resulting directly or indirectly from his/her participation in the Activity. I personally assume all risks and liabilities in connection with Minor's participation in the Activity and agree indemnify RMAI from any liability assessed against RMAI as a direct or indirect result of Minor's participation in the Activity. This release includes all risks and liabilities connected with the Activity, weather foreseen or unforeseen.

In the event that the Minor is injured during the Activity, and I am unable to provide consent to his or her medical treatment, I authorize RMAI to consent on my behalf to performance of any and all medical treatment judge necessary by RMAI, until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available. I agree, individually and on behalf of Minor, 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 cost associated with said medical treatment.

I also understand that all RMAI events and activates may be photographed and/or recorded for video and/or audio and hereby grant permission to RMAI to use and reproduce any photography, video recordings, or audio recordings which RMAI has produce of my minor child. I acknowledge and agree that all such photographs and recordings are the exclusive property of RMAI, for the RMAI's use as it sees fit and without compensation to me or my child, and I hereby release RMAI from any liability whatsoever for their use.

Parent Name (Please Print)

Parent Signature

Date

Witness Name (Please Print)

Witness Signature

Date

**RELEASE OF CLAIMS, HOLD HARMLESS
AND AUTHORIZATION FOR
EMERGENCY MEDICAL OR DENTAL CARE TO MINOR**

Please print.

This Release and Consent is entered into on this _____ day of _____, 20____, by
_____ (“Parent”), the parent or legal guardian of

(Hereinafter referred to as “Minor”).

1. Parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of this Release and Consent; and (c) has signed this document by his/her own free will.
2. Parent acknowledges that Minor will, with Parent’s permission, participate in (which includes without limitation traveling to and from) certain activities (“RMAI activities”) conducted by or sponsored by RMAI, its directors, officers, employees, and agents (collectively referred to as “RMAI”) during the duration of this agreement.
3. Parent, individually and on behalf of Minor, releases and agrees to hold RMAI harmless from all liability, including liability for negligence, for harm to Minor or Minor’s personal property, resulting directly or indirectly from Minor’s participation in RMAI activities. Parent, individually and on behalf of Minor, personally assumes all risks and liabilities in connection with Minor’s participation in RMAI activities and agrees to indemnify RMAI against any liability which might be assessed against it as a direct or indirect result of Minor’s participation in RMAI activities.
4. In the event of Minor’s injury during any RMAI activity and Parent’s unavailability to authorize medical treatment, Parent authorizes dental, medical, or surgical treatment, including but not limited to the administration of X-rays, anesthetic, anesthesia, by any medical professional chosen by the RMAI. Parent understands and agrees that this consent is given to encourage the RMAI and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. Parent personally assumes the duty of payment of any medical professional, hospital, clinic, or ambulance service and releases RMAI from any such duty of payment.
5. I also understand that at all church events and activities may be photographed and/or recorded for video and/or audio and I hereby grant my permission to the RMAI to use and reproduce any photographs, video recordings, or audio recordings which the RMAI has produced of my minor child. I acknowledge and agree that all such photographs and recordings are the exclusive property of the RMAI, for the RMAI’s use as it sees fit and without compensation to me or my child, and I hereby release the RMAI from any liability whatsoever for their use.
6. Parent understands and agrees that this Release and Consent shall remain in effect for a period of one (1) year or until Parent’s written revocation, whichever is first, and that Parent’s consent to treatment shall remain in effect until revoked orally or in writing to RMAI or to the licensed medical professional treating Minor.

Parent Name (Please print.)

Parent Signature

Date

Witness Name (Please print.)

Witness Signature

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

	YES	NO
Have you had: 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: _____

**PARENT/GUARDIAN MUST SIGN ONE OF THE TWO
FOLLOWING AUTHORIZATION FORMS IF MINOR
IS TAKING PERScription MEDICATION.**

All prescription medications must be turned in at time of camp registration.

NOTE: This form must be completed if the Parent/Guardian of the minor attending the event authorizes RMAI to administer prescription medication to the minor during the event.

AUTHORIZATION FOR ADMINISTERING MEDICATION

Name of Minor: _____

Name of Parent/Guardian: _____

By my signature following, I authorize RMAI to administer the following prescription medication to Minor (list name and dosage) on the following date(s) and at the following approximate time(s) [State approximate time(s) for each date]:

Medication	Dosage	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that RMAI, its trustees, officers, employees and volunteers (collectively, "RMAI") are not physicians and are not medically trained to treat or medicate the Minor. I am nevertheless, directing the RMAI administrator the medication identified above. I assume all risk, even the risk of a physical harm or death of the minor, associated with administration of the medication by RMAI, and I agree to hold harmless and indemnify RMAI from and against any liability, including without limitation liability for RMAI's negligence, resulting directly or indirectly from the RMAI administering the medication to the Minor or failing to do so.

Parent's / Guardian's Signature

Date

Witness Signature

Date

Note: This form must be completed if the Parent / Guardian of the minor attending the event authorizes the Minor to self-administer prescription medication during the event.

AUTHORIZATION FOR MINOR TO SELF-ADMINISTER MEDICATION

Name of Minor: _____

Name of Parent/Guardian: _____

By my signature following, I affirm that the Minor is aged 14 or over, and I authorize the Minor to self-administer the following prescription medication [List name and dosage] on the following date(s) and at the following approximate time(s) [State approximate time(s) for each date]:

Medication	Dosage	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that RMAI, its trustees, officers, employees and volunteers (collectively, "RMAI") are not physicians and are not medically trained to treat or medicate the Minor. Having made my own evaluation of the maturity of the minor, I have determined that the Minor is qualified to self-administer the medication identified above. I have fully informed the Minor of the proper dosage of the medication and the proper time(s) to administer the medication. I personally assume all risk, even the risk of physical harm or death of the minor, associated with the minor's self-administration of the medication, and I agree to hold harmless and indemnify RMAI from and against any liability, including without limitation liability for the actual or alleged negligence of RMAI, resulting directly or indirectly from the minor possessing and/or self-administering (or failing to self-administer) the medication, and I agree to hold harmless and indemnify RMAI from and against any liability resulting directly or indirectly from anyone else's use of or exposure to the Minor's medication.

Parent's / Guardian's Signature

Date

Witness Signature

Date