



SUMMIT VIEW CHURCH

Mailing Address: 7701 NE 182nd Ave - Vancouver, WA 98682 • (360)260-8300 • www.summitview.net

STUDENT REGISTRATION & MEDICAL RELEASE FORM

Name of Event: **Grit Middle School Summer Camp**

Date of Event: **June 28 - July 2, 2017**

Location of Event: **Island Lake Camp, Poulsbo, WA**

Tshirt Size Youth: YM YL

Tshirt Size Adult:

XS S M L XL XXL

Students registered by June 4th will receive their requested T-shirt size. Completed forms **MUST** be accompanied by \$50 deposit. All later requests will be fulfilled in order received. Sizes are NOT guaranteed.

Who: Incoming 6th-8th grade students (2017-2018 school year)

What: Middle School Summer Camp

When: June 28 - July 2, 2017

Where: Island Lake Camp, Poulsbo, WA

Cost: \$350 if registered by June 4 (EARLY BIRD!)
\$370 if registered by June 18
\$395 if registered by June 28

Note: Completed release forms AND a \$50 non-refundable deposit secures your spot and locks in your pricing. ★Balance due in full prior to departure.

Includes: Time with God, small groups, worship, motocross, disc golf, blobbing, archery, swimming, paintball, high ropes, water slide, and more!

Check-in: At Summit View Church **Heritage Park Campus**, Wed., June 28, at 9 AM

Return: To Summit View Church **Heritage Park Campus**, Sun., July 2, at 5 PM

Bring: A sack lunch for bus ride up, one suitcase, sleeping bag, pillow, Bible, pen, extra tennis shoes, clothes for hot weather, swimsuit (1-piece, tankini, or t-shirt cover-up), towels, personal hygiene stuff, clean socks and underwear, flashlight, snacks, and a good attitude.

Don't Bring: Knives, guns, weapons of any kind, matches, lighters, tobacco products, alcohol, drugs of any kind, a second suitcase, any other inappropriate material. If in doubt, leave it at home.

Rob Willams or Laura Kirsch, (360) 260-8300

Contact: rob@summitview.net or laura@summitview.net

Student's Name: _____

Felida Campus Heritage Park Campus Sex: M / F

Address: _____ (street) _____ (city) _____ (state) _____ (zip)

School: _____ Grade: _____ DOB: _____

In a small group? Leader's name: _____

Parent(s)/Guardian(s) Names: _____ Phone: _____

Parent E-mail Address _____

MEDICAL INFORMATION

Allergies (include food allergies): _____

Medication(s) taken: _____

Last Tetanus Shot: _____

Physical limitations: _____

Medical Insurance Company: _____

Policy Holder's name: _____ Policy #: _____

Student's Doctor: _____ Phone #: _____

EMERGENCY PHONE NUMBERS

Name/Relation 1: _____ Home #: _____ Work #: _____

Name/Relation : _____ Home #: _____ Work #: _____

LIABILITY RELEASE: I give permission for my child, as named above, to participate in Summit View Church's sponsored event, as named above, on the dates listed above. I understand that the following activities are physically demanding, and/or potentially dangerous: skateboarding, scooter-riding, moto-cross, extreme dodgeball, water slide, blobbing, swimming, archery, paintball, high ropes course and various other camp-related activities. I hereby release Summit View Church, its employees, agents and volunteers from responsibility and liability for any illness or injury that the above named child may sustain during any activity.

MEDICAL RELEASE: In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me to consent to any x-ray examination; medical, dental, anesthetic, or surgical diagnosis; treatment; and hospital care advised and supervised by a licensed physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I understand the activity director will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the activity personnel responsible if efforts to contact me (us) are unsuccessful. I further promise to hold harmless Summit View Church and/or its employees, agents and volunteers from any and all expense incurred pursuant to this authorization in obtaining medical treatment and/or transfer, including but not limited to: ambulance expense, cost of paramedics, hospital expense and/or physician charges.

MEDIA RELEASE: I understand and authorize that my child's image may be photographed or filmed and used in video presentations, and printed publications-either digital (online) or paper publications. Any exception must be received in written form prior to the date of the event.

IMPORTANT INSURANCE NOTE: In the event of an injury to the attendee, it is the policy of the church that the individual's insurance be primary and Summit View Church medical coverage be secondary.

TO REGISTER: WWW.SUMMITVIEW.NET/GRIT

1. Pay deposit (or in full) to hold your spot.
2. Turn in completed release forms (Summit View and Island Lake) to Summit View.
3. Check-in on June 28th (pay any remaining balance).

Follow us!



@tribesvc

Signature of parent/guardian _____

Date _____

OFFICE USE ONLY

Payment Info: Cash Square Check # _____ Amount: \$ _____ Date: _____



Island Lake



Agreement for Waiver and Release, Assumption of Risks & Indemnification (rev 1/10)

NOTICE: This document affects your legal rights, please read carefully. Handwritten *changes* to this document are not permitted and will not be honored. This Agreement constitutes the entire Agreement and shall not be modified except via written document, executed by both parties. If any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Group or Event Name _____

Participant Name (print) _____ Parent / Legal Guardian Name (print) _____

I, the above Participant or the Parent/Legal Guardian of participant, being above the age of 18, agree as follows:

I acknowledge and understand that certain camping activities, including but not limited to: skating, skateboarding, paintball, ropes courses, archery, marksmanship, water sports, horses and dirt bikes are hazardous and dangerous activities that require strenuous exercise and varying degrees of skill and experience. I understand that these activities can result in serious injury to the person and damage to property and I voluntarily assume any and all risks of loss, damage or injury while on the premises.

I acknowledge that there are risks, hazards and dangers of personal injury, death and disability inherent in entering camp grounds and participating in, or viewing camp activities. I am aware that the usual risks, hazards and dangers of personal injury, death and disability increase when using certain camping equipment and when other persons, whether of the same or different level or experience or skill, are using the same facilities and equipment.

In consideration for my participation, or for the participation of my child or the minor for whom I represent that I am legal guardian, I hereby release and forever discharge Island Lake Camp, Miracle Ranch Camp, and CRISTA Ministries, and their servants, employees, officers, directors, trustees and all other persons or entities acting on their behalf (collectively referred to as “CRISTA”), from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to my, my child’s, or the minor for whom I represent that I am legal guardian’s viewing or participation in any camping activities. By signing this Agreement, it is my intention to waive any rights to sue or seek damages from CRISTA; except where injury, death or disability results from CRISTA’s gross negligence.

I further agree to indemnify, hold harmless and defend CRISTA against any and all claims for damages, costs, expenses or attorneys fees brought by any third party in connection with or arising out of my, or the above-listed participant’s involvement or participation. This Agreement shall be effective and binding upon my marital community, estate, heirs, agents, personal representatives and assigns.

Emergency Consent: _____ (participant’s name) may receive emergency and/or routine medical care from a physician or emergency facility if I am incapacitated (if participant), or cannot be reached in an emergency (if parent/guardian).

Photo Release: CRISTA may publish photos taken of participant and I release all rights to remuneration for such photos.

I hereby certify that I am over 18 years of age; I have carefully read the foregoing and acknowledge that I understand and agree to all the terms and conditions. I have had the opportunity to ask any and all questions regarding this Agreement and the effect of the same. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I have or possess.

Participant Signature (on behalf of marital community) _____ Date _____

Parent/Legal Guardian Signature (on behalf of marital community) _____ Date _____

Additional Indemnification for Parents/Guardians – Must be completed for participants under the age of 18.

In consideration of _____’s (print minor’s name) (“Minor”) participation in Camps activities including the use of Camps equipment and facilities, I further agree to indemnify and hold CRISTA harmless from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or participation by Minor.

Parent/Legal Guardian Signature (on behalf of marital community) _____ Date _____