

WCA Youth & Camp Annual Enrollment/Consent Form

Wisconsin Congregational Association • Youth & Camp • Valid from date signed through September 30, 2020

STUDENT INFORMATION:

Last Name: _____ First: _____ Middle: _____

Street Address: _____ City, State, Zip: _____

Cell #: _____ Email Address: _____

Date of Birth (mm/dd/yy): _____ Grade: _____ School: _____

Health Insurance Carrier: _____ Group/Policy #: _____

Medications Being Taken: _____

Allergies/Dietary Restrictions: _____

STATEMENT OF STUDENT UNDERSTANDING:

By participating in the youth and camp activities of the Wisconsin Congregational Association, I hope to make friends and to be a friend, to learn a little more about God, and to have fun! I understand that if I fail to follow the directions given by the adult leaders — or if I fail to show basic respect and Christian concern toward my fellow group members, the adult leaders, or the church's property — my family may be called and I may be sent home at any time. I also realize that my attitude will largely determine the kind of experience I have, and therefore I'll do all that I can to help make all activities safe, fun, and meaningful for myself and for others.

Student's Signature: _____ Date: _____

PARENT INFORMATION:

Name(s) of Parent(s): _____

Parental Home Phone: _____ Parental Work #(s): _____

Parental Cell #(s): _____

Parental Email Address(es): _____

Emergency Contact Name & Phone: _____

STATEMENT OF PARENTAL UNDERSTANDING:

I hereby certify that I am aware of, approve of, and take full responsibility for the participation of my above named child in the various youth and camp activities of the Wisconsin Congregational Association. Furthermore, I assume all risk of and financial responsibility for any loss or injury to my child or others that may occur as a result of negligence or misconduct by my child, and I release the Wisconsin Congregational Association, and its board members, volunteers, and other agents, from any and all responsibility and legal liability for loss, damage, or injury to the person or property of the child which may be sustained during or as a result of participation in youth and camp activities. I understand that some activities may entail one-on-one contact and travel with WCA board members and/or volunteers, and I consent to such arrangements with regard to my above named child.

In an emergency, including illness, injury, or incapacity suffered by my child during the course of any youth and camp activity, I hereby authorize any WCA board member, teacher, mentor, advisor, or other volunteer leader or assistant to act as agent for me in consenting to any reasonably necessary X-ray examination, medical, dental, surgical, or psychological diagnosis, treatment, and/or care, advised and supervised by a physician, dentist, surgeon, psychologist, or social worker licensed to practice under the laws of the state in which the services are rendered. I understand that I, or the applicable insurance carrier(s), will be financially responsible for any such emergency services. I expect that attempts will be made to contact me in the event of any such emergency.

I grant permission to use photographs of my minor child in print or online materials designated for news, promotional, or educational purposes related to the Wisconsin Congregational Association, and/or the National Association of Congregational Christian Churches.

Parent's Signature: _____ Date: _____

Parents: Please use the reverse side of this sheet for any other information you deem important for the activity leaders to know