

Teen Extreme Application 2017

NOTE: Signed waiver for each participant must be received by Teen Extreme Youth Camp/Youth Outreach Ministry before he may participate. Group applications must be received no later than one week before camp.

Youth groups must be accompanied by youth director and/or sponsor.

TeenExtremeCamp.com

850.969.1555
850.479.6576

Teen Extreme Youth Camp, Youth Outreach Ministry
P.O. Box 18500 • Pensacola, FL 32523-8500
Reservations@TeenExtremeCamp.com

Participant Information

Check appropriate boxes: Male Female
 Camper Sponsor/Other Youth Director PCC Alumnus
 Dr. Rev. Mr. Mrs. Miss

Name _____
First Last (prefer to be called)

Mailing Address _____

City _____ State/Country _____ ZIP _____

Phone: Home (____) _____ Cell (____) _____

E-mail _____

Have you attended Teen Extreme before? Yes No

Church/Group _____ City/State _____

Roommate Request _____
(only list one)

Camper Information

Grade Next Sept. _____ Date of Birth _____ Age _____
(during camp)

School _____

Week Attending	<input type="checkbox"/> June 12-16	<input type="checkbox"/> July 10-14
	<input type="checkbox"/> June 19-23	<input type="checkbox"/> July 17-21
	<input type="checkbox"/> June 26-30	
Anticipated Transportation	<input type="checkbox"/> Private vehicle <input type="checkbox"/> Plane* <input type="checkbox"/> Commercial bus*	

*Please notify the Reservation Office of your shuttle transportation needs by calling (850) 969-1555 no later than the Wednesday before camp begins.

Youth Director Use Only

Contact Name _____ Phone (____) _____

E-mail _____

Has your church/group attended Teen Extreme before? Yes No

Last year attended? _____

Emergency Information

Father Legal Guardian _____

Phone: Cell (____) _____ Work (____) _____

Mother Legal Guardian _____

Phone: Cell (____) _____ Work (____) _____

When parents unavailable, contact the following:

Name _____

Relationship _____

Phone: Cell (____) _____ Work (____) _____

Does the camper have any food, medication, or environmental allergies?

Yes No If yes, please list _____

Does the camper have any medical, emotional, behavioral or physical conditions? Yes No

If yes, please explain _____

(A Medical Release form needs to be submitted to Youth Outreach Ministry for all campers with any medical, emotional, behavioral, or physical conditions before the camper will be approved for camp.)

Does the camper take any **routine** prescription medications, PRN prescription medications (e.g. epi-pen/inhaler), over-the-counter (OTC) medications, or supplements? Yes No

*(An Authorization for Administration of Medication form must be completed if **routine** prescription medications, PRN prescription medications (e.g. epi-pen/inhaler), OTC medications, or supplements that the camper brings need to be administered by the camp nurse. This form needs to be signed by both the parent/legal guardian and a healthcare professional and then brought to the nursing staff at camp check-in.)*

If permission from a parent/legal guardian has been given, the camp nurse has been authorized by a staff healthcare professional to administer the following camp-provided OTC medications on an as-needed basis. Check "yes" for any medications you give permission for the nurse to administer:

- | | |
|--|----------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Acetaminophen (Tylenol) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Calcium Carbonate (Tums) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Diphenhydramine (Benadryl) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen (Advil/Motrin) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Auro-Dri (Swimmer's Ear) |

Medical Insurance *This information prevents delay of treatment in case of emergency.*

Insurance Company _____ Insured's Name _____ Group ID _____ Member ID _____

Participant Waiver and Release

(Must be completed for each participant, including sponsors, and sent with application)

I understand and agree that I am assuming for myself and the Participant named below all risk of injury from participating in rock climbing activities, surfing on the FlowRider, or paintball games. I understand that: (1) injuries while rock climbing may occur from rope entanglements, objects falling from or being dropped by other climbers, or from contact with anchor points, bolts, or equipment used in climbing; (2) injuries while using the FlowRider may occur by falling or being thrown by the water pressure onto a fixed surface or padded retaining wall, or by contact with the body board; (3) the activities of paintball are physically and mentally intense, injuries while participating in paintball games may occur due to the activity and weaponry involved, and while particular protective equipment and personal discipline will minimize the risk, the risk of injury does exist; and (4) other unforeseeable injuries may occur from these activities. I hereby waive, release, and agree not to sue Youth Outreach Ministry, Inc., Pensacola Christian College, Inc., its affiliates or subsidiaries, and any of their officers, directors, employees, agents, students, successors, or assigns for any damage, injury, cost, or cause of action arising from any participation in these activities. I voluntarily sign this waiver and release form and agree not to sue with full knowledge of the nature and extent of the risks inherent in the use of the rock climbing wall, FlowRider, and paintball. I further indemnify and save Youth Outreach Ministry, Inc., Pensacola Christian College and its affiliates, employees, and agents harmless from any liability or medical payments resulting from the participant's participation in this camp or other activities during his or her stay at summer camp. I further understand that Youth Outreach Ministry, Inc., does not provide medical insurance coverage for the participant, and any medical expense incurred will be paid by me or my insurance. I hereby grant permission for the participant to attend the camp, participate in all the camp activities, and to be treated by a licensed healthcare professional in the event of any injury, accident or illness, or other situation that may require medical attention. I give permission for the participant's picture to be used in future publications including publications from PCC and its affiliate web pages. Registration fee is nonrefundable and nontransferable. No refunds are available if a participant attends any part of a week. Campers that use tobacco, alcohol, or any form of illegal drugs will be dismissed. Any noncooperative or noncompliant campers will be subject to dismissal.

I acknowledge and certify that I am legally authorized to sign this consent form on behalf of the minor child.

Parent/Legal guardian's signature *(if camper is under 18 years)* _____ Relationship to participant _____ Date _____

Participant's signature _____ Date _____

Send this signed form by mail to Teen Extreme, Youth Outreach Ministry, P.O. Box 18500, Pensacola, FL 32523 or by fax to 850.479.6576.