

# Teen Extreme Registration 2018

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

Save \$10 by  
registering  
online!

**Group Rate:** \$50 Registration fee (must accompany registration) + \$125 (by April 15)/\$145 (after April 15)  
**Individual Rate:** \$50 Registration fee (must accompany registration) + \$170 (by April 15)/\$190 (after April 15)

## Participant Information

Check appropriate boxes:  Male  Female

Attending with a group  Yes  No

Church/Group Name \_\_\_\_\_

City/State \_\_\_\_\_

Camper  Sponsor/Other  Youth Director  PCC Alumnus  
 Dr.  Pastor  Mr.  Mrs.  Miss

Name \_\_\_\_\_  
First Last (prefer to be called)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Home (\_\_\_\_\_) Cell (\_\_\_\_\_)

Parent/Legal Guardian E-mail \_\_\_\_\_

Have you attended Teen Extreme before?  Yes  No

Roommate Request \_\_\_\_\_

Week Attending  June 11-15  June 25-29  July 16-20  
 June 18-22  July 9-13

Anticipated Transportation

Private vehicle  Plane\*  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.

## Camper Information

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

School \_\_\_\_\_

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

Insurance Company \_\_\_\_\_

Insured's Name \_\_\_\_\_

Group ID \_\_\_\_\_

Member ID \_\_\_\_\_

## Youth Director Use Only

Contact Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

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

Last year attended? \_\_\_\_\_

## Emergency Information (for campers only)

Father  Legal Guardian \_\_\_\_\_

Phone: Cell (\_\_\_\_\_) Work (\_\_\_\_\_)

Mother  Legal Guardian \_\_\_\_\_

Phone: Cell (\_\_\_\_\_) Work (\_\_\_\_\_)

When parents unavailable, contact the following:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: Cell (\_\_\_\_\_) Work \_\_\_\_\_

The following medical questions and waiver portion **must be filled out by camper's parent/legal guardian** (if camper is under 18 years).

1. Does the camper have any medical/emotional/behavioral/physical conditions (e.g. ADHD, ODD, ADD, anxiety, seizures, diabetes) and/or any **severe** food/environmental allergies that may require the use of an Epi-pen (e.g. peanut allergy, pollen allergy)?  
 Yes\*  No If yes, please explain \_\_\_\_\_

2. Will the camper be bringing any **routine or as-needed** prescription or over-the-counter medication, vitamins/supplements, or essential oils *that the parent/legal guardian would like the camp nurse to keep and administer and/or* will the camper be bringing an Epi-pen?  
 Yes\*  No If yes, please note the types of medication and/or Epi-pen (all Epi-pens must be listed even if camper will self-administer) \_\_\_\_\_

\*If "yes" to either of the above questions (1-2), for the safety of your camper, a **Medical Release form must be received in office prior to attending camp. The Medical Release form must be completed by both the parent/legal guardian and a licensed healthcare professional. Registrations will be finalized and payment(s) processed after the Medical Release has been received and reviewed to determine if reasonable accommodation can be made for the camper to attend camp.**

3. 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)

Please provide additional information regarding your camper's condition and/or social interactions to help the camp staff ensure a successful camp experience \_\_\_\_\_

## Participant Waiver and Release

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

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, Inc. 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