

**HAWAII PACIFIC BAPTIST CONVENTION**  
**Mission Adventure Camp (GA & RA) on March 22-24, 2018**  
**PARTICIPANT INFORMATION AND MEDICAL RELEASE FORM**

Participant, please complete form, or have parent or guardian sign form, and then turn it in to your coordinator.

PARTICIPANT'S NAME: \_\_\_\_\_ (M / F ); Leader: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ Email: \_\_\_\_\_

CHILD's INFO:

T-Shirt size (circle one): Youth S Youth M Youth L Youth XL

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ CURRENT SCHOOL GRADE: \_\_\_\_\_

CHURCH CHILD ATTENDS: \_\_\_\_\_ CHRISTIAN? \_\_\_\_\_ BAPTIZED? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

ADULT INFO:

T-shirt Size (circle one): Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL

EMAIL: \_\_\_\_\_ CELL PHONE NO: \_\_\_\_\_

CHURCH YOU ATTEND: \_\_\_\_\_ CHRISTIAN? \_\_\_\_\_ BAPTIZED? \_\_\_\_\_

**MEDICAL HISTORY**

Allergic Reactions to: Aspirin\_\_\_\_ Penicillin\_\_\_\_ Insect bites\_\_\_\_ Food\_\_\_\_ - Specify \_\_\_\_\_

Other allergies: \_\_\_\_\_

Operations or serious injuries we should be aware of: \_\_\_\_\_

Date of last tetanus toxoid immunization: \_\_\_\_\_

Check if you have: Sinus Trouble\_\_\_\_ Heart Trouble\_\_\_\_ Asthma\_\_\_\_ Hay Fever\_\_\_\_ Epilepsy\_\_\_\_ Diabetes\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**AUTHORIZATION AND PERMISSION FORM**

I hereby authorize medical assistance and/or surgical treatment in the event of an emergency for the above named participant by physician chosen by the director of the event. Every effort will be made to contact you in the event of an emergency.

**I give permission for the person named above to participate in all activities** (including outdoor field activities, Archery, Swimming and Water Balloon Games) of this event and **to have his/her photo and/or video taken and used for various publications and promotions** (i.e., Hawaii Baptist Newspaper, Hawaii Pacific Baptist web site): **Yes**\_\_\_\_ **No**\_\_\_\_

I will not hold Hawaii Pacific Baptist Convention or Puu Kahea Conference Center and its staff responsible for accidents which may occur. Adequate supervision will be provided at all times.

I can be reached at: HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**In the event of an emergency and I am unable to be reached, please notify:**

\_\_\_\_\_ at \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

Print name of Parent or Guardian signing this form: \_\_\_\_\_