

# REVIVE

# BEGINNING

## SUMMER REVIVE - 2018

June 18-23, 2018

Cost - \$365

All Money & Registration/Forms Due June 3, 2018  
Grades 7th - 12th

### Dates/Times

- ALL money and forms are due Sunday, June 3rd
- Leaving: Please **arrive at SFUMC at 1:30 PM** on Monday, June 18 (*Meet in front of Youth Area*). **We will leave PROMPTLY at 2:00 PM.**
- Returning: Around 3:00 PM on Saturday, June 23rd

### Costs

- \$365 for Revive (*make checks out to SFUMC*)
- Cost includes transportation - you must provide for your meal on the way back
- Money for various items at retreat store (sodas, candy, cd's) **\*optional**

### Items To Bring

- **Completed Health Form**
- **Signed Activity Consent Form**
- **Signed Hold Harmless Agreement**
- Linens (*sleeping bag, pillow, towels, washcloths*)
- Toiletries (*toothpaste, toothbrush, soap, shampoo, deodorant, sunscreen, etc.*)
- Clothing (*please remember we may be outside in the heat a lot - bring a swimsuit (no 2 pieces)*)
- Closed Toed Shoes (*comfortable, no sandals or slip-ons, please!*)
- Bible
- Camera & Flashlight

### Location

Blue Lake Methodist Camp  
8500 Oakwood Lane  
Andalusia, AL 36420

### Emergency Numbers

Zack McCraw: 850-982-1718 / Paige Normand: 251-802-8956  
SFUMC: 251-626-1334 / Blue Lake Camp 334-222-5407

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Student Cell (if applicable): \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Parent Contact Numbers: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Roommate Requests (we will do our best to grant these)

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Parent signature: \_\_\_\_\_

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

# REVIVE HEALTH HISTORY FORM FOR YOUTH

The information requested on this form will be used to provide your child with the best possible experience during his/her visit to Revive Camps. By program policy, all of the information is confidential and will only be made available to the staff members working with your child.

Thank you for taking time to complete this form. Please present this form at registration or mail to Revive: PO Box 120424, Nashville, TN 37212. For your child's safety in the event of an emergency, it is crucial that complete information is provided.

Name of child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact (if parent/guardian is unavailable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Is your child on any medication? Please describe \_\_\_\_\_

Has your child recently experienced any serious injuries or operations? Please describe \_\_\_\_\_

Has your child recently been exposed to any contagious disease? Please describe \_\_\_\_\_

Date of your child's last tetanus booster (required within past 10 years) \_\_\_\_\_

Does your child have any of the following health concerns? **Please provide complete details in section below if checked.**

**Health History:**

- \_\_\_ Diabetes
- \_\_\_ Asthma
- \_\_\_ Anorexia/Bulimia
- \_\_\_ Convulsions
- \_\_\_ Attention Deficit

**Allergies:**

- \_\_\_ Hay Fever
- \_\_\_ Insect Stings
- \_\_\_ Penicillin
- \_\_\_ Other Drugs
- \_\_\_ Foods

**Other:**

- \_\_\_ Sleep Walking
- \_\_\_ Fainting
- \_\_\_ Dietary Concerns

**Details:** \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

REVIVE AGREEMENT TO PARTICIPATE;  
ASSUMPTION OF RISK AND RELEASE OF LIABILITY  
PLEASE READ BEFORE SIGNING

WHEREAS, THE UNDERSIGNED PARENT OR GUARDIAN wishes to have their child be accepted for participation in the Revive Camping experience:

The undersigned acknowledge(s) that during the said Revive camping program for 2018 events that their child or person(s), for whom they have responsibility, has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to hazards of traveling wooded terrain, ropes course, swimming in a natural lake (summer), using water borne craft such a canoe, accident or illness with medical facilities eighteen (18) miles away, and travel by various conveyance. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents, which may occur, including accidents resulting from other types of outdoor activities. I further understand that in allowing my child or the person to whom I have responsibility to participate in camping activities he/she will be exposed to the elements of nature, including temperature extremes, and inclement weather. I further understand that medical treatment may be several minutes away in the event of a medical emergency.

I certify that my child or the person, for whom I am responsible for, is healthy enough (both physically and emotionally) and capable of participating in this Revive Camp program. I have listed on the Health Form any medical conditions that Revive, should be aware of which may hinder my child, or the person for whom I am responsible for, from participating in any particular activity. **However, I understand that it is solely my parental or guardian responsibility to determine whether there is any medical reason that my child or the person for which I am responsible for, should not participate in the Camping Program at Revive.**

In consideration of, and as part payment for the right to participate in such a camping program and the services and food arranged for my child or person for whom I am responsible for, by Revive, Directors, Officers, Employees, Agents, and/or Associates I have and do hereby assume all the above risk and any other ordinary risk incidental to the nature of the Revive Camp program which is not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether from bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with by camp or participation in any other activities arranged for me by Revive, its Directors, Officers, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue Revive, and if I do, I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against Revive I also state that my child or the person for whom I am responsible for, nor I, am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my child's, and/or the child for whom I have responsibility for, physical activity involves risk of injury. I also understand that my child's, or person for whom I have responsibility for, participation in Revive, Camp program is entirely VOLUNTARY. I enter my child, or the person for whom I have responsibility for, enter into this Revive, Camp program and take full responsibility for my decision for him/her to participate or not to participate and agree to follow all safety instructions.

Name of Participant (print)\_\_\_\_\_

Name of Parent/Guardian (print)\_\_\_\_\_

Date of Signature for Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_

Date of Signature of Witness \_\_\_\_\_

Signature of Witness \_\_\_\_\_



## Youth/Children Activities Consent Form

Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Cell Phone (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name of Parent(s) /Guardian(s): \_\_\_\_\_

Address (street, city, zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (names & phone numbers): \_\_\_\_\_

Parent Email: \_\_\_\_\_

### **Medical Information**

Any medical condition we should be aware of? \_\_\_\_\_

Any food allergies or other significant allergies? \_\_\_\_\_

### **Media Release**

I, the undersigned, being the parent or legal guardian of the child named above, do hereby

\_\_\_\_\_ GRANT \_\_\_\_\_ DENY

permission to Spanish Fort United Methodist Church (SFUMC) and its licensees to take photographs and/or videos of the above named child for use on the SFUMC's digital/social media pages, printed publications, and/or web site.

### **Consent & Certification**

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the scheduled youth/children's activities of Spanish Fort United Methodist Church, and any other supervised activities customarily associated with its youth/children's groups, including youth rallies and overnight or weekend youth trips and all transportation associated with these events. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth/children's leader in writing.

**Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorize SFUMC youth/children’s director and/or adult chaperones to make emergency medical care decisions on behalf of my child. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that Spanish Fort United Methodist Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the youth/children’s director in writing of any health changes that would restrict my child’s participation in any normal youth/children’s activities. I also understand that the youth/children’s director and designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness’ Signature