

LONE TREE/AMOR MEXICO MISSIONS

MINOR'S REGISTRATION, HEALTH HISTORY, AND EXAMINATION FORM

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. (Section A is to be filled in by parents/guardian of minors or adult campers/staff members themselves. Section B is to be filled out by a licensed Physician.)

SECTION A. Church Name _____

Name _____ Last Grade in School _____

Father's Name _____

Mother's Name _____

Home Address _____

City _____ State _____ Zip _____ Phone(____) _____

Father's Occupation _____ Work Phone(____) _____ Date of Camp _____
Date of Birth _____

Mother's Occupation _____ Work Phone(____) _____ Circle (F/M) Age _____

Guardian's Occupation _____ Work Phone(____) _____

If neither parent/guardian can be reached in case of emergency, indicate who we should call.

(Name of person) (Telephone) (Relationship)

Name of Family Physician _____ Telephone(____) _____

Chronic or recurring illnesses or medical conditions (stomach upsets, rash, frequent colds, etc.) _____

List any current medication being taken and why they are needed. _____

Operations or serious injuries (dates). _____

List any Swimming or Activity Restrictions. _____

Parent's Insurance Company _____ Policy# _____

If you or your child should require medical attention while at one of the Lone Tree Camps, or while on the Mexico Mission Trip, for injuries received or illnesses contracted prior to coming, please send information necessary to give him/her proper medical service during this time.

In case of emergency, I hereby give permission to the physician selected by the camp director or his staff to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for me or my child as named above. I also recognize that failure to secure all recommended shots could expose my child to various sickness and/or diseases. I also hereby give my permission for me or my child to participate in all activities, including but not limited to caving, horseback riding, swimming, mountain rappelling, hayrides, rifle range, archery, camping or traveling, water skiing, JetSkis, Parasail rides, Hot springs, along with other water activities, **and Travel, service projects and other activities in Juarez Mexico.**

I, therefore, agree to assume, as an explicit condition of my or my child's/ward's participation, any all risks, including, but not limited to these enumerated above. I agree to hold harmless Lone Tree Inc., its staff, Amor Ministries Inc., the sponsoring church or group from any and all liabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my child/ward.

I realize, also, that in the event of illness or injury while attending camp or participating in its activities, medical treatment may be required, I hereby give permission for any such treatment to be rendered, and **I agree to bear the cost of such treatment.** If any changes occur, I will contact the director.

FATHER'S/GUARDIAN'S SIGNATURE

DATE

MOTHER'S/GUARDIAN'S SIGNATURE

DATE