

# Missouri Union Presbytery - Release Form

## Mo-Ranch - Youth Celebration - June 20 - 27, 2020

### Participant Information

Name \_\_\_\_\_ ☐ Male Home \_\_\_\_\_  
☐ Female Church \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address, City/State/Zip \_\_\_\_\_ Participant Cell \_\_\_\_\_  
Participant Email Address \_\_\_\_\_  
*NOT Parent/Guardian Email*

T Shirt Size: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ XXX-Large

### Parent/Guardian Information

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Other Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Current Prescription Medications: (Please list drug and dosage)

Name of the Family Doctor or Clinic: \_\_\_\_\_ Phone \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_ Policy/Group No. \_\_\_\_\_

***Photocopy of front and back of HEALTH INSURANCE CARD /PRESCRIPTION CARD must be with this form***

Medical Diet Restrictions: \_\_\_\_\_

Chronic or recurring illness or medical condition: (list and explain any info we would need to know)

**IMPORTANT - MUST BE COMPLETED FOR ATTENDANCE:** To my knowledge, this health history is correct and complete. The person described and named above has permission to engage in all camp activities except as noted. I give permission to Missouri Union Presbytery to provide routine health care, administer prescribed medications or Tylenol/Advil if needed, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Missouri Union Presbytery to arrange related transportation for me/my child. In the event I cannot be reached in an emergency, I also give permission to the physician selected by the Presbytery to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for use of transportation. I give permission for my child/me to participate in all regular event activities and for pictures taken of me and/or my child during the retreat to be used for presbytery publicity, including but not limited to website or social media.

I give permission for my child to participate in the Mo-Ranch Ranch Conference - Youth Celebration in Hunt, Texas. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that adults will be chaperoning and will take reasonable action as they deem necessary to protect the best interests of all participants. By signing this document, I release Missouri Union Presbytery and adults from any liability or damages due to accident or injury. In signing this document, my child agrees to conduct himself/herself in a safe and orderly Christian manner and will cooperate and comply with decisions made by the adult chaperones.

I also understand there is an initial nonrefundable deposit of \$125 due by January 31st, 2019.

The total amount due of \$425 by April 1st, 2020. Make all checks payable to Missouri Union Presbytery.

I have read and understand the conditions described above and give permission for my child to participate at Mo-Ranch.

Participant/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
*if not over 18*