



Cristo Vive Returning Camper Application Form

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Camper's Full Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

T-shirt size (adult sizes) S M L XL XXL

Parent/Guardian: _____

Emergency Contact Number: _____

Have there been any changes in ability to personal care & Hygiene needs?

Yes _____ No _____ If yes, explain: _____

Have there been any changes in Personality or Behavior? Yes ____ No ____

If Yes, explain: _____

Please list all medications, dosage, frequency & reason taken: All medications must be in original containers:

- Please include a copy of applicant's Medical Insurance card.
- Please enclose your camp fee (payable to Cristo Vive International) with your application.

"I have completed the Cristo Vive International Application. The applicant has my permission to attend & Participate in Cristo Vive Camp/Retreat. Cristo Vive International has my authorization to use the designated camp Physician/Nurse for emergency treatment for the applicant. Medical information may be released by the attending physician as given on this application and the previous completed application on file. "

Signature of Parent/Guardian _____

Date: _____

AUTHORIZATION FOR MEDICAL ATTENTION, MINISTRY ACTIVITY AND WAIVER FOR LIABILITY/ MINORS

Authorization for emergency medical treatment for a minor child.

I, _____ residing at _____
(Guardians name-please print) (Complete address)
am the _____ of _____,
(Father/mother/legal guardian) (Child's full name)
_____ in the event that all reasonable attempts to contact me at _____
(Age) (Phone #)
or _____ have been unsuccessful, I hereby give my consent to
(Phone #)

the Director, Cristo Vive International ministries, or designated representative to (1) obtain emergency treatment (such as X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed in the country of participation to practice such medical care, and (2) the transfer of the minor child to any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians concur in the necessity of the surgery. I agree to release Cristo Vive International or any of its designated representatives from all financial responsibility for any medical expense which may be incurred in the event such action needs to be taken as, I either have medical insurance or, I intend to furnish payment at my own expense.

Pertinent facts to which a physician should be alerted, IE: Allergies, Medication being taken; Physical impairments:

PERMISSION FOR A MINOR CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES AND MINISTRY

Travel to and participate in a camp activity for persons with a disability. The child will be a participant at the camp activities. As a part of this ministry, the child will be conducting physical activity in a camp facility which will include activities such as horseback riding, swimming, running, ball playing, and other typical children's activities normally conducted at summer camps. The child will also be accompanying adults on various trips and activities outside of camp site.

Waiver for Liability. I hereby affirm that I am the lawful guardian, and give my consent for the minor named above to participate in the events described in the application accompanying this form with Cristo Vive International. I am acquainted with CVI ministries. I will not hold this ministry liable or responsible for any injury to my child beyond the limits of my insurance that may be in force and effect, and which provides coverage for injuries such as may happen. I acknowledge that no representations have been made to me about whether such coverage does or does not exist. In the event it does not exist, I understand that I am releasing Cristo Vive International, and any person officially connected with this event from any and all liability for any and all injuries, which my child may receive.

A photo copy of this authorization medical care shall be as valid as the original, and in effect until revoked in writing.

This signed release form signifies my agreement to all the above:

_____/_____/_____
(Date) (Signature) (Printed name of parent/legal guardian)

Note: Cristo Vive International requires a form for each minor child to be completed and signed by the minor's parent or legal guardian before participation with any event or activity associated with CVI. No minor will be allowed to travel to or participate in any of the ministry functions without having this form completed and signed and in the possession of a designated representative of Cristo Vive International. Thank you for your cooperation.

Cristo Vive International

AUTHORIZATION FOR USE OF PHOTOS

I _____ DO / DO NOT give permission for
(name of parent/legal guardian) (circle one)
Cristo Vive International to use any photographs taken of myself or my child
_____ while participating in activities with
Cristo Vive International.

I agree to allow Cristo Vive International to use these photos for advertising, marketing, publicity, and other legal purposes for the ministry of Cristo Vive. Use of these photos will be limited to a period not to exceed five years beyond the date of this release, without prior written approval from me.

I further agree that I will not receive any compensation for the use of these photos, nor will I receive any royalties or monies received by Cristo Vive International as these photos are used.

I also understand that these photos will not be released or sold to any other party for use of any purpose without my specific written consent.

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date