

# Synergy Project Youth Camp Participant Form

Notarize form and attach a copy of insurance form or card.

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
SS# \_\_\_\_\_ Camp Dates \_\_\_\_\_ - \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ ZIP \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

## Medical Profile

Generally, participant's health is: (Check One) \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

If fair or poor, please explain your condition: \_\_\_\_\_

List any medical difficulties for which you are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems and explain: Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_

Kidney Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_

List any medicines or substances to which you/Child is allergic: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Childhood Diseases: \_\_\_\_\_ Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

Date of Last Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for Synergy Fort Walton in Fort Walton Beach Florida or the youth minister, church official, adult present or person in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal event activities and these photos/videos may be used for promotional materials. I consent to this. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Synergy Fort Walton, Staff, Synergy World Outreach Inc. and their employees, and event volunteers from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify Synergy Fort Walton, Synergy World Outreach Inc. for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this event or while on property leased or owned by Synergy World Outreach Inc. or Synergy Project Youth Camps.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature and Notarized)  
Only Complete this section below in the presence of the Notary.

Participant's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Notary Acknowledgement

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me, \_\_\_\_\_, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_