

CAMP DATE \_\_\_\_\_

## FAITH IN ACTION OF BRAZOSPORT REGISTRATION (YOUTH)

BOTH SIDES OF FORM MUST BE COMPLETED FOR ACCEPTANCE.

\_\_\_\_\_  
NAME ADDRESS CITY, STATE, ZIP

\_\_\_\_\_  
AREA CODE/ PHONE # FAMILY EMAIL ADDRESS DATE OF BIRTH SEX AGE

\_\_\_\_\_  
CHURCH NAME CITY CHURCH CONTACT (i.e. Youth Director)

\_\_\_\_\_  
EMERGENCY CONTACT HOME PHONE # CELL PHONE #

DO YOU HAVE ANY FAB WORK CAMP EXPERIENCE? \_\_\_\_\_ WHEN \_\_\_\_\_

CIRCLE EXPERIENCES Wheelchair Ramp Handrails Painting Flooring Yardwork Roofing  
(Circle all that apply)  
Light Construction Tape & Float Siding Concrete Power Tools

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### VIDEO/PHOTOGRAPHY CONSENT

As parent guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc...) in highlighting the event.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**T-SHIRTS - CIRCLE SIZE**    S    M    L    XL    XXL    XXXL

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**YOUTH PARTICIPANT:** In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see **FAITH IN ACTION** RULES AND SAFETY GUIDELINES FOUND ON THE FAB WEBSITE). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home.

\_\_\_\_\_  
YOUTH PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

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### MAIL COMPLETED FORM, COPY OF MEDICAL INSURANCE WITH CHECK PAYABLE TO:

Faith in Action of Brazosport  
P.O. BOX 1484  
LAKE JACKSON, TX 77566

Steve Corn – 979-415-4522  
dv84jc@yahoo.com  
WEBSITE: [www.faithinactionofbrazosport.org](http://www.faithinactionofbrazosport.org)

Revised: Feb 2012

**FAITH IN ACTION OF BRAZOSPORT  
MEDICAL RELEASE FORM (YOUTH)**

**INSURANCE INFORMATION:**

\_\_\_\_\_  
INSURANCE CARRIER

\_\_\_\_\_  
POLICY #

***COPY OF MEDICAL INSURANCE CARD MUST BE ATTACHED***

DATE OF LAST TETANUS TOXOID: \_\_\_\_\_

ANY SPECIAL MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATION TO BE TAKEN AT CAMP: \_\_\_\_\_

\_\_\_ No, I do not carry Medical Insurance at this time.

By my signature, I \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_ (copy of current Letters of Guardianship must be attached to this form) grant my permission for him/her to participate in **Faith in Action of Brazosport** camps (hereafter known as FAB). I understand that by my signature I contract and agree as follows:

1. I authorize any of the leaders to obtain any and all necessary medical and/or dental attention and/or treatment for my child, if I am incapable of doing so for any reason including surgical procedure if advised by the attending physician.
2. I fully release, discharge, and waive any claim or right of action which I have or might later have arising from any negligent acts or omissions of FAB, any of its employees, agents, or any of the leaders arising out of any activity associated with the trip to work camp, including travel between home and camp, excursions from camp and activities associated with work camp.
3. I agree to indemnify and hold harmless FAB, its employees, agents and leaders for damage based on negligence of FAB, any of its employees, or any of the accompanying leaders, arising out of any incident during the trip to work camp. (For purposes of this agreement, the FAB trip shall include travel between home and camp, excursions from camp and time spent at camp).
4. I agree to indemnify FAB and any of its employees or leaders for any damage they incur as a result of negligence or intentional acts on my part.

I have listed above, any and all special medical conditions my child has, and I state that I have been given the opportunity to discuss these problems with one or more of the leaders.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter (Please initial)

\_\_\_ I hereby **DO NOT Grant Permission** for medication of any type, whether prescription or nonprescription to be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)