



Adeline Christian Camp
8159 W. White Eagle Rd.
Leaf River, IL 61047



Youth Permission Form & Liability Waiver Form

I _____, hereby give permission
 (Parent/Legal Guardian)

for _____ to attend **ACC Teen Lock-In (9th-12th graders)**
 (Child's Name) (Activity)

on **7:00 pm 12.1.17 to 11:00 am 12.2.17**
 (Time / Date)

In allowing my child to participate in this activity sponsored by Adeline Christian Camp, I do hereby release and discharge Adeline Christian Camp and all of its directors, agents, and adult leaders from any and all claims, demands, actions, or causes of action on account of any injury sustained by my youth during the above named activity.

By signing this form I acknowledge that I have read and agree with its contents.

 (Signature of parent/legal guardian) (Date) (Phone)

I give permission to Adeline Christian Camp to post pictures of my child on-line. YES NO

Who will pick up your child at the end of the event? _____
 (Name) (Phone)

(Over for Medical Release Form)

MEDICAL RELEASE FORM

If I cannot be reached and if in the judgment of the Youth Leaders immediate medical attention is indicated, I as parent/legal guardian of _____
(Child's Name)

I hereby authorize a responsible Adult Youth Leader or Chaperone to send my child to an available doctor or hospital.

Date of Birth ___/___/___ Date of Last Tetanus Booster (if known) ___/___/___

Any medications that your child is currently taking _____

Known allergies including allergies to medicine _____

Any other medical/physical problems or conditions _____

Family Physician _____ Phone _____

Hospital Preference: _____

Name of Parent/Legal Guardian _____
Address/City/State/Zip _____
Phone/s _____
(Home) (Cell) (Work)

Person responsible for charges (if different from above) _____
Address/City/State/Zip _____
Phone/s _____
(Home) (Cell) (Work)

Person to notify if parent/guardian is unavailable _____
Phone/s _____
(Home) (Cell) (Work)

Signature of Parent/Guardian _____ Date _____