

Counselor/CIT Form for E.D.G.E. Summer Camp June 21-26, 2010

Counselor Cost \$125/CIT Cost \$325. Must pay \$50 deposit and be approved by Billy to attend. Please Print all information below.

Youth's Name \_\_\_\_\_ Youth's email \_\_\_\_\_ CIT/Counselor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Parent's email \_\_\_\_\_

Phone (home) \_\_\_\_\_ Guardian/ Parents cell \_\_\_\_\_

Physical Activity Restrictions \_\_\_\_\_ **Allergies/dietary restrictions** \_\_\_\_\_

Medications currently taking \_\_\_\_\_

Family Physician and date of last tetanus shot \_\_\_\_\_

Insurance Co. & policy # \_\_\_\_\_

Any other general information we need to know? \_\_\_\_\_

If parents/guardians are unavailable, whom should we contact? \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Release**

(I), (We), (Parent), (Guardian) of \_\_\_\_\_ do hereby give permission for my child to be a Youth Leader at the **E.D.G.E. Summer Camp** sponsored by Tanque Verde Lutheran Church from **June 21 – June 26, 2010. Lone Tree Health form with Physician's signature and full payment are both due to the church office by June 1st, 2010**

(I), (We) also authorize Tanque Verde Lutheran Church, as agents of the undersigned: to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital.

It is understood that in no way will Tanque Verde Lutheran Church, its officers or leaders be held liable for any first aid or surgical treatment or procedures performed pursuant to this consent.

\_\_\_\_\_  
Parent/Guardian's Signature \_\_\_\_\_ Parent/Guardian Print Name \_\_\_\_\_

OFFICE USE ONLY

Deposit Paid \_\_\_\_\_

Date \_\_\_\_\_

Full Payment Made \_\_\_\_\_

Date \_\_\_\_\_