

## Pembina Bible Camp Health Care and Consent Form

Names	M/F	Birthday (M/D/Y)	Gr.	Health Care Number	Dr. Prescribed meds and medical conditions

### Conditions of Registration:

The signature of parent or guardian on this application shall give the Camp Director or Camp Nurse the right to obtain or approve any medical attention necessary to the applicant camper's welfare and good health and the parent or guardian hereby agrees to pay for all such services as may be required.

The applicant and his or her parents or legal guardian hereby release Pembina Bible Camp, its directors, staff members, or employees of facilities outside the camp grounds from all liability arising in any way, from any loss, injury or death suffered by the applicant.

The signature of parent or guardian on this application shall authorize Pembina Bible Camp, to publish photographs taken of any individuals listed above for the use in Pembina Bible Camp's print, online and video based promotional materials, as well as other publications for the group.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to children: \_\_\_\_\_