

Butman Methodist Camp & Retreat Center

Camper Release Form

Please print legibly and fill out form completely. In an emergency we must be able to read this information.

Camp Attending:	Organization:
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<i>Camper's Name: First</i> _____ <i>Middle</i> _____ <i>Last</i> _____		
<i>Birth Date: (mm/dd/yy)</i> _____	<i>Gender: ___ Male ___ Female</i>	<i>Grade this Fall:</i> _____
<i>Home Address:</i> _____	<i>City/State/Zip:</i> _____	
<i>Primary Phone:</i> _____	<i>E-mail:</i> _____	

<i>Custodial Parent or Guardian Emergency Contact Information:</i>	<i>Additional Emergency Contact Information:</i>
<i>Name:</i> _____	<i>Name:</i> _____
<i>Address:</i> _____	<i>Address:</i> _____
<i>City/State/Zip:</i> _____	<i>City/State/Zip:</i> _____
<i>Primary Phone:</i> _____	<i>Primary Phone:</i> _____
<i>Alternate Phone:</i> _____	<i>Alternate Phone:</i> _____

<i>Family Physician Name:</i> _____	<i>Family Physician Phone:</i> _____
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Health History: Check answers as appropriate for Camper.		Yes	No	Remarks/Explanations/Dates
1	Has camper had or currently have heart problems? Please list dates			
2	Does camper routinely experience pains in their chest?			
3	Does camper often feel faint or have spells of severe dizziness?			
4	Has a doctor ever told camper they have high blood pressure?			
5	Does camper have arthritis, joint or back problems?			
6	Is camper bothered by exercise or experience pain from physical activities?			
7	Has camper had any operations or serious injuries? Please list dates			
8	Does camper have disabilities or chronic recurring illness? Please list			
9	Are there any activities camper's doctor has limited or discouraged ?			
10	Does camper have Epilepsy or seizures?			
11	Does camper have Diabetes?			
12	Does camper have a prescribed meal plan or dietary restrictions?			
13	Is camper currently sick or taking medication? Please list			
14	Is camper allergic to any medicines, insects or pollen? Please list			
15	Does camper have any type of health insurance or coverage?			

Please see reverse side of this form.

<i>Insurance provider:</i>	<i>Policy number:</i>
<i>Medications/Comments:</i>	

Emergency Authorization

To the best of my knowledge this health history is correct. I believe that the above named Camper's health is satisfactory to participate in camp activities including but not limited to: sports, ropes course, climbing wall, swimming pool, hiking and recreational activities. In the event of an emergency and I am unable to be reached, I hereby give my permission to the Butman Camp Staff to select medical personnel and to order injection and/or anesthesia and/or surgery for the above named Camper. Such authorization for emergency treatment shall also include but not be limited to, charges incurred for aid provided or arranging evacuation if Butman Methodist Camp & Retreat Center or its agents determine such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and for any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on Camper's participation in any camp activities.

Hold Harmless

I agree to hold harmless Butman Methodist Camp & Retreat Center, Board of Trustees, Staff, Employees or Volunteers and the Northwest Texas Conference of the United Methodist Church for any injuries that might occur as a result of being at Butman Methodist Camp & Retreat Center or participating in any of the activities at camp including but not limited to: sports, ropes course, climbing wall, swimming pool, hiking and recreational activities at the camp or in any of its facilities.

Photo Release

I hereby grant permission to Butman Methodist Camp & Retreat Center Staff, Employees and Volunteers to use photos of the above named participant. I understand these photos were taken during activities at the camp and may be used for but not limited to: Foundation and Grant applications; DVDs sold to campers; publicity purposes; advertising materials; or for use on the camp's website. I also understand, for every camper's protection, Butman Camp only publishes school, organization or group names and does not publish the names of individual campers or participants.

Printed Name of Custodial Parent(s) or Guardian(s): *Please Print Legibly*

Name:	Name:
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<i>Signature of Parent(s)/Guardian(s):</i>	<i>Date:</i>