

# West Virginia Christian Youth Camp

## Staff Registration Form

**Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Family Medical Insurance

Name of Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Medical History — please check all that apply.

\_\_\_\_\_ Heart Problems                      \_\_\_\_\_ COPD                      \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Stroke                                      \_\_\_\_\_ Hypertension                      \_\_\_\_\_ Migraines  
\_\_\_\_\_ Seizure                                      \_\_\_\_\_ Asthma  
\_\_\_\_\_ Other Medical Problems: \_\_\_\_\_

Please list medications you are currently taking. Include dosage for each.

Any Known Allergies: \_\_\_\_\_

Current Medical Issues, Disabilities, and/or Chronic Disease: \_\_\_\_\_

Dietary Modifications: \_\_\_\_\_

Other Information: \_\_\_\_\_

If you have a Medical Power of Attorney, please list contact information below.

MPA: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## **PHOTO RELEASE**

**I hereby grant the West Virginia Christian Youth Camp permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.**

**I understand and agree that all photos will become the property of the West Virginia Christian Youth Camp and will not be returned.**

**I hereby irrevocably authorize the West Virginia Christian Youth Camp to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.**

**I hereby hold harmless, release, and forever discharge the West Virginia Christian Youth Camp from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.**

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**The information provided is correct to the best of my knowledge. I hereby give my permission to the camp medical staff to secure the proper medical treatment in case of injury or illness. I have read and understand the above photo release.**

**Staff Member Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**