

**Holy Protection Byzantine Catholic Eparchy of Phoenix – Vocations Office**  
**ALIVE IN CHRIST “Ascetical Boot Camp”**  
**Black Diamond Camps, Auburn WA– July 14-17, 2022**

**MEDICAL RELEASE & LIABILITY WAIVER (BE SURE TO COMPLETE BOTH SIDES)**

**A parent or legal guardian must complete both sides and sign for each applying son (7-17).**  
*It is highly recommended that applying adults complete the medical portion of this form.*

Camper’s Name: \_\_\_\_\_  
                                                Last                                                First                                                Middle                                                (Name Called)

Date of Birth: \_\_\_\_\_ Age during retreat weekend: \_\_\_\_\_

Home Address: \_\_\_\_\_  
                                                Street                                                City                                                State                                                Zip Code

Parent/guardian or spouse’s name: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*If above named cannot be reached in case of emergency, notify:*

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

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

*Health & Accident Insurance:*

Name of Company: \_\_\_\_\_

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

Insurance Certificate/Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ (Relationship: \_\_\_\_\_)

Health History: Please check (√) and attach a separate statement describing condition

<input type="checkbox"/> Frequent Strep Throat	<input type="checkbox"/> Heart Disorder	<input type="checkbox"/> Serious Injuries
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Severe/Frequent Headaches
<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Wheezing	<input type="checkbox"/> Fainting/Seizures	<input type="checkbox"/> Infectious Mononucleosis
<input type="checkbox"/> Chronic Constipation	<input type="checkbox"/> Sleep Apnea/Severe Snoring	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Kidney Disorder	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Meds for ADD/ADHD

Are there other special concerns regarding the camper’s health or medical history? Will there be limitations to the activities in which the camper can function during the camp?

\_\_\_\_\_

Date of most recent physical exam: \_\_\_\_\_ (swimmers preferred within last year)

Date of last Tetanus shot: \_\_\_\_\_

Any allergies: \_\_\_\_\_

**(Over)**

Any medically-based food restrictions: \_\_\_\_\_  
Please list all medications that will be taken by this camper during the retreat (must be brought in their original prescription bottle):  
\_\_\_\_\_

***(remainder of this page to be completed for boy applicants only)***

Will camper need help in taking medications, other than from his attending dad? \_\_\_\_\_  
May Tylenol, Sudafed, NyQuil, Dimetapp, cough drops, or Pepto Bismol be administered to your child?

\_\_\_\_\_ If no, attach a separate statement describing restrictions.  
*Please use common sense and discretion if your child or you are exposed to or have contracted any potentially serious communicable disease (e.g. chickenpox, hepatitis) during the **three weeks prior** to camp attendance.*

Please rate your son's swimming ability:                      excellent      good      fair      needs special attention

Please rate your son's public reading ability:                      excellent      good      fair      don't ask him to read

**PERMISSION to EXAMINE, PRESCRIBE MEDICATION, & TREAT, & to DISCLOSE INFORMATION:**

I hereby give permission to medical personnel to perform routine tests and treatment for the health of my child designated above. In the event of an emergency or other acute event where time will not allow me to be reached, or I cannot be reached, I hereby give permission for the trained medic to secure necessary consultative care for my child, including hospitalization, anesthesia, surgery, and other medical treatment.

I further agree to allow information regarding any medication my child is taking, as well as specific medical or psychological conditions and necessary health-related records, to be given to and exchanged between camp and medical personnel for the treatment and well being of my child for either routine or emergency medical reasons.

The above health history is accurate to the best of my knowledge, and the child herein described has permission to engage in all camp activities except as noted on this form by me or by an examining physician. I attest that the camper's health is adequate for the rigors of the camp, as described here and in the other application materials.

\_\_\_\_\_  
SIGNATURE of PARENT/LEGAL GUARDIAN of Camper

\_\_\_\_\_  
DATE

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**WAIVE & RELEASE FROM LIABILITY:**

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE: *ALIVE IN CHRIST*; the Byzantine Catholic Metropolitan Church of Pittsburgh; the Holy Protection Byzantine Catholic Eparchy of Phoenix; Holy Protection Church; and *ALIVE IN CHRIST* camp leaders/ medic/volunteers/donors all for the purpose herein referred to as "releasees" from all liability to the registered camper, his parents/legal guardians, his or her personal representatives, heirs, and the next of kin for any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrence causing injury to any person/property or resulting in death of the camper designated above who is participating in the *ALIVE IN CHRIST* retreat camp.
- 2) THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the camper designated above while in any way participating in this camp and whether caused by the negligence of the releasees or otherwise.
- 3) THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE of the camper designated above due to the negligence of releasees, or otherwise, while participating in this camp.
- 4) THE UNDERSIGNED HEREBY AGREES TO ALLOW ANY PHOTOGRAPHS TAKEN BY THE PRESCOTT PINES CHRISTIAN CAMP OR EPARCHY OF PHOENIX REPRESENTATIVE to be used without written consent for their promotional materials.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representation, statements or inducement apart from the legal written agreement has been made.

\_\_\_\_\_  
SIGNATURE of PARENT/LEGAL GUARDIAN of Camper

\_\_\_\_\_  
DATE