



Parental Consent Release Form 2023

Please fill out completely and return to BBM, PO Box 393, Alexandria, MN 56308. Make checks payable to Brad Brede Ministries.

Registration due date: **June 12th, 2023**

\$375 camp registration fee (\$25 Late Fee)

Child's Name _____ Male _____ Female _____

Date of Birth ____ / ____ / ____ Age _____ Height _____ Weight _____ Grade Completed _____

E-mail _____ Social Security Number _____

Cell Phone (____) ____ - _____ Roommate Requested (one request only) _____

Parent/Guardian (Father) Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Work Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Parent/Guardian (Mother) Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Work Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Church's Name _____

Address _____ City _____ State _____ Zip _____

Pastor _____ Youth Leader _____

Church Phone (____) ____ - _____ Church/Ministry Email Address _____

Camp T-Shirts

Color: TBD

Shirts must be ordered by June 5th, 2023

\$14.00 Sm-XL

\$16.00 XXL-5XL



Size	Sm	Med	Lg	XL
Quantity				
Price				

Size	XXL	3XL	4XL	5XL
Quantity				
Price				

Total Quantity _____ **Total Price** _____

Do you and/or your child want to receive future information from the ministry of Xtreme Passion? It may include youth-oriented, inspirational articles, notices of upcoming Xtreme Passion events, and local church youth activities.

____ Yes ____ No

As the parent [or legal guardian] of _____ (child's name), a minor, presently having the sole care and custody of stated child, on behalf of him/her in consideration of Northland Christian Center Inc., a.k.a. Brad Brede Ministries, and the Xtreme Passion Youth Camp agreement to accept my child into the following program and to provide a spiritual, educational experience, hereby fully release and discharge Northland Christian Center Inc., a.k.a. Brad Brede Ministries, Xtreme Passion Youth Camp, its representatives, staff and employees from all rights, claims, and actions of every kind which stated child may have against such released party arising out of Xtreme Passion Youth Camp, July 10-14, 2023, at Koronis Ministries, Paynesville, Minnesota.

I also understand that should my child fail to comply with the rules and guidelines of Xtreme Passion Youth Camp, and/or the camp directors, team captains, enforcers (security), medics, and/or facilitators (camp workers), the result will be a loss of camp privileges or expulsion. I understand that if my child does experience loss of camp privileges or expulsion because of failure to comply with the rules and guidelines of Xtreme Passion Youth Camp there will be no refund of camp fees. In the event of expulsion, I understand it will be my responsibility to immediately come and retrieve my child from Xtreme Passion Youth Camp or make travel arrangements and pay all travel expenses to have my child sent to my place of residence.

I understand that during Xtreme Passion Youth Camp 2023 there will be photographing and video taping of campers and camp activities for promotional purposes and material to be used solely by Northland Christian Center Inc., a.k.a. Brad Brede Ministries, and Xtreme Passion Youth Camp. As the parent [or legal guardian] of above stated child, I consent to the use by Northland Christian Center Inc., a.k.a. Brad Brede Ministries, and Xtreme Passion Youth Camp, of all video, audio and photographic footage of stated child's appearance. I understand that my child or I will not receive any monetary reimbursement for my child's appearance in any video or photographic footage.

Parent/Guardian Signature _____ Date _____

Medical Information

To be filled out/signed by a parent or guardian of the camper

Heart Trouble	Yes	No	Asthma	Yes	No
Food Allergies	Yes	No	ADD/Hyperactivity	Yes	No
Bedwetting	Yes	No	Seizures	Yes	No
Ear Trouble	Yes	No	Activity Limitations	Yes	No
Environmental	Yes	No	Allergies	Yes	No
Menstrual Problems	Yes	No	Diabetes	Yes	No

If yes, please explain _____

*A doctor's note must accompany the medical form.

State Law requires all campers be fully immunized. Place a check if current:

- Mumps
- Measles
- Rubella
- Polio
- Diphtheria
- Pertussis

Tetanus/Date of last tetanus:

____ / ____ / _____

State Law requires all resident campers to be examined by a licensed physician within two years of admission to camp.

Date of last exam: ____ / ____ / _____

If taking medication, what kind and for what? _____

Circle the pain relievers your child is able to take from the camp nurse:

- Acetaminophen
- Ibuprofen
- OTC Allergy Medication
- None
- Other _____

Health Insurance: Y N If yes, Carrier _____ Policy # _____

*Parents' or Guardians' health coverage must pay for accidents and illness while at camp. If no health coverage, parents and guardians are responsible for all expenses.

Emergency Contact (other than parent or guardian)

Name _____ Relation to Camper _____ Cell Phone (____) ____ - _____

I hereby give permission for my child to attend authorizing routine and/or emergency medical care. I also agree to hold harmless Brad Brede Ministries for any and all claims for injuries, causes for action, or liability related swimming, relay, tug-of-war etc.). I give Northland Christian Center Inc., a.k.a. Brad Brede Ministries, and Xtreme Passion Youth Camp authority in matters of discipline, understanding that any camper disregarding camp rules is subject to being sent home. A camper willfully destroying property will be charged accordingly.

Signature of Parent or Guardian

Date

Medication Form

(Ignore this section if camper is not bringing medication to camp)

Camper Name _____

Medication Name	Purpose	Dosage	Frequency/Time of Day

Permission to give OTC medications? Yes _____ No _____

What should we know about your camper to help us serve them best?

Parent Printed Name _____

Cell Phone (____) ____ - _____

Parent/Guardian Signature _____