



2026 Parental Consent Release Form

Please return completed form along with the \$318 non-refundable deposit by June 22nd, 2026. The remaining \$100 will be due at camp. Mail form and payment to:

Brad Brede Ministries
PO Box 393
Alexandria, MN 56308

A \$25 late fee will be added to each application postmarked after June 22nd.
If you have questions regarding this form, please contact us at:

Phone: 320-815-3314 E-mail: youthcamp@xtremeministry.com

Camper Information

Name: _____ Gender at Birth: Male Female

Date Of Birth: ____ / ____ / ____ Grade Completed: _____

Age: _____ Height: ____' ____" Weight: _____ lbs.

E-mail: _____ Social Security Number: ____ - ____ - ____

Phone: (____) ____ - ____ Roommate Requested: _____

**Xtreme Passion Youth Camp will do it's best to fulfill requested roommate however in all cases this may not be possible.*

Parent/Guardian Information

Parent/Guardian 1 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - ____ E-mail: _____

Parent/Guardian 2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - ____ E-mail: _____

Church Information

If you currently do not attend a church, please leave the below section blank.

Church's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Pastor: _____ Youth Leader: _____

Phone: (_____) _____ - _____ E-mail: _____

Medical Information

Please indicate whether or not the camper has the any of the following conditions. (circle yes or no):

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 the camper has any conditions that would prevent or limit them from participating any camp activities, please accompany a doctor's note with this medical form.*

State law requires all campers be up-to-date on all their immunizations. Please check all immunizations that are current.

Mumps Polio
 Measles Diphtheria
 Rubella Pertussis

Date of last tetanus shot ____ / ____ / ____

The Parent or Guardian's health insurance must pay for accidents and illness while at camp. If the Parent or Guardian has no health coverage, they are responsible to pay for all expenses.

Do you have health insurance: Yes No

Carrier: _____ Policy #: _____

Please list an emergency contact other than the parent/guardian

Name: _____

Relation to Camper: _____ Phone: (_____) _____ - _____

Medication Form

All prescription and over-the-counter medications need to be turned in to the camp nurse at the beginning of camp. Please list all medications and dosage information below.

Medication Name	Purpose	Dosage	Frequency/Time of Day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate any over-the-counter medications your child is allowed to take from the camp nurse:

- Antacids Acetaminophen Allergy Medication
 Ibuprofen Other

If you indicated Other, please specify: _____

Allergies

Please list any food or medication allergies below.

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., aka. Brad Brede Ministries, dba. Xtreme Passion Youth Camp agree to accept my child into the Xtreme Passion Youth Camp. I do hereby fully release and discharge Northland Christian Center Inc., aka. Brad Brede Ministries, dba. Xtreme Passion Youth Camp, it's representatives, staff and employees from all rights, claims and actions of every kind which stated child may have against such released parties arising out of Xtreme Passion Youth Camp, July 13-17, 2026 at Koronis Ministries, Paynesville, MN.

I give permission for my child to attend authorized routine and/or emergency medical care. I also agree to hold harmless Northland Christian Center Inc., aka. Brad Brede Ministries, dba. Xtreme Passion Youth Camp for any and all claims for injuries, causes for action or liability related to camp events.

I also understand that should my child fail to comply with the rules and guidelines of Xtreme Passion Youth Camp and/or it's counselors, team captains, supervisors, medics, security officers, facilitators and assistants, 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 that it will be my responsibility to immediately retrieve my child from Xtreme Passion Youth Camp or to make travel arrangements and pay all travel expenses to have my child sent to my place of residence. A camper willfully destroying property will be charged accordingly.

I understand that during Xtreme Passion Youth Camp there will be photography and videography of campers and camp activities for promotional purposes. I consent to the use by Northland Christian Center Inc., aka. Brad Brede Ministries dba. Xtreme Passion Youth Camp of all video, audio and photographic footage of stated child. I understand that my child or I will not receive any monetary reimbursement for my child's appearance in any video or photographic footage.

Printed Name

Parent/Guardian Signature

Date