



Parental Consent Release Form 2022

Please fill out completely and return as soon as possible.

Registration due date: **June 11th, 2022**

\$350 camp registration fee

(\$20 Late fee)

Child's Name: _____ Male _____ Female _____
 Date of Birth ___ / ___ / ___ Age _____ Height _____ Weight _____ Grade Completed _____
 E-mail Address _____ 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: dark maroon w/white logo

Shirts must be ordered by June 11th, 2022

\$12.00 Sm-XL

\$15.00 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 11-15, 2022, 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 (counselors), enforcers (security officers), 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 2022 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 ___ Hepatitis 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 _____ Tetanus/Date of last tetanus: _____
- Measles _____ _____ / _____ / _____
- Rubella _____
- Polio _____
- Diphtheria _____
- Pertussis _____

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? _____

Permission to administer pain reliever:

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

Health Insurance: Yes ___ No ___ If yes, Carrier: _____ Policy #: _____

*Parents' or Guardians' health coverage must pay for illness while at camp.

Emergency Contact (other than parent or guardian)

Name: _____ Relation to Camper: _____ 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 Brad Brede Ministries authority in matters of discipline, understanding that any camper disregarding camp rules is subject to being sent home at camper willfully destroying property will be charged accordingly. I further authorize the camp to use photos or video taken of my child at camp for promotional purposes.

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 _____ Phone Number _____

Parent/Guardian Signature _____ Date _____