

## LSCC EVENT PARTICIPATION APPLICATION

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ ( ) Male ( ) Female

I hereby apply to participate in **Quest Gospel Camp on 5/22-25, 2015 in Eastern University, PA**. I will obey the camp rules and regulations. I understand the event cost is \$210 for Christians and \$110 for non-Christians, which has included transportation and \$20 refundable key deposit. Check payable to LSCC.

YOUTH Signature: \_\_\_\_\_ Date \_\_\_\_\_

### LSCC YOUTH PARENT PERMISSION AND MEDICAL RELEASE FORM

**Contract Agreement:** I hereby authorize the above person to whom I have guardian rights to participate in the event. I will not hold or attempt to hold Living Stone Christian Church (LSCC here after) or its youth leaders liable for any loss, damage or injury to person or property caused by any act or neglect of other persons during the said event, including travel, or caused in any manner other than willful or negligent act of LSCC and its volunteer workers, and will indemnify and hold LSCC and its youth leaders harmless from any liability for damages or claims against LSCC and its youth leaders arising out of or in any way related to any such loss, damage or injury. I release LSCC, including its trustees, elders, pastors, youth leaders and agents, from the said participant's physical injury, including death, or illness during the entire event, including travel. I will assume the risk associated therewith, whether known or unknown to the participant at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

**Authorization for Treatment:** I hereby give permission to the medical personnel selected by LSCC youth leaders to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purpose as outlined under the HIPPA regulation, and to provide or arrange necessary related transportation for the above named person. I verify that the participant is in good health and capable of participating in strenuous activities, and when necessary, will tailor his or her activities within the bounds of his or her physical health. I recognize that any medical treatment that is provided to the participant while attending herein said event will be paid by me or my medical insurance company.

[ ] I have filled out the contact and medical history form online at <http://www.lscenj.org/english>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Rev. 02-20-2015

美東地區第二屆「生之追尋」福音營

The 22<sup>nd</sup> Quest for Life Gospel Camp

## Parent Authorization Form

Parents of the children under 18 years old who attend the gospel camp must sign this form.

Camp ID	Name of the Child/Relative	Age	Grade	Sex	Birthday

I, \_\_\_\_\_, hereby consent to allow my child \_\_\_\_\_ or relative \_\_\_\_\_ to participate the youth camp of the Quest for Life Gospel Camp held from May 22 to May 25, 2015 at Eastern University at St. Davids in Pennsylvania.

In case any accident happens, please contact the telephone number listed below. If no one can be reached, I grant permission for the camp to give my child or relative a necessary treatment by the camp doctor or sent to the nearby hospital.

My Contact Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Person in the Camp \_\_\_\_\_  
 Camp ID \_\_\_\_\_  
 Telephone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*This form is provided in the main conference center, the front desk of Children's programs, or youth camp center.*

Eastern University, 1300 Eagle Road, St. Davids, PA 19087