

M.M.M.Camp Application

Name: _____

Age: _____

Mailing Address: _____

Grade Completed _____

Male or Female _____

Phone #: _____

Birthday _____

EMAIL _____

T-Shirt Size:

Youth S M L

Parents Name _____

Adult T-Shirt Size

S M L XL XXL

Parents Address _____

City, State, Zip _____

My church _____

Pastor _____

Address _____

City, State, Zip _____

Medical Information:

(MUST BE COMPLETED!)

Please List All Medical Conditions that Camp Personnel or Medical Personnel Should be aware of: (Include Medical Allergies, Medication Allergies, Food Allergies, Other Allergies like bee stings, etc; skin diseases, asthma, heart conditions, etc)

Medications: (Please List ALL medications of ANY TYPE prescription, over the counter that Camper should take and/or have in their possession. Include INSTRUCTIONS. Also indicate if you want camp staff to dispense the medication on your behalf.)

Physical Restrictions: (Campers are expected to FULLY PARTICIPATE in activities unless medically unable to do so)

Date of Last Tetanus or Booster: _____

CONSENT AND RELEASE FORM:

(Custodial Parents/Guardians Must Review and Sign)

I, the undersigned parent or guardian, hereby consent to my child, _____, who is _____ years of age, participating in the activities connected with time at the Marksmen's Mountain Music Camp (an Outreach Ministry of Wahoo Baptist Church in Murrayville, GA.) M.M.M.Camp will be held from Monday, July 13, 2009 through Friday, July 17, 2009. I certify that my child is able to participate in these activities, including sports, horse back riding, swimming (note: Not all activities may be available at this Camp) and other camp related activities (unless indicated in the medical information section of this application). If my child has a medical condition which may be relevant to a physician in the event of an emergency, I have listed them above in the medical section of this application. In the event of an emergency, I may be reached at the telephone number listed above in this application. If I cannot be reached within a reasonable period of time, I hereby authorize Camp Moderator, camp director or his designated adult assistant to make emergency medical decisions for my child. If there are any activities that I do not want my child to participate in, I have listed them below my signature.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISK WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.

I do hereby agree to hold The Marksmen, Wahoo Baptist Church, Sand Mtn. Camp, and their employees, agents, volunteer assistants and associates, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I EXPRESSLY AGREE TO ASSUME ALL FINANCIAL RESPONSIBILITY FOR ANY MEDICAL TREATMENT NECESSARY FOR MY CHILD.

(PROVIDE A COPY OF INSURANCE CARD Front and Back)

Insurance Company _____ Policy/ID _____

Employer _____ NO MEDICAL INSURANCE _____

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

I do not wish my child to participate in the following:

Parent or Guardian Date Day Phone Cell Phone

Adult Release: (For adults attending Camp) As an adult attending The M.M.M. Camp, I agree to the conditions indicated in the paragraphs above including my release of liability and agreement to assume financial responsibility for myself. (please complete the insurance information above)

Signed _____ Date _____
Emergency Contact _____

CAMPER AGREEMENT:

This camp reserves the right to set and enforce their statement of Faith, rules for behavior and other requirements as necessary. This includes but is not limited to: King James Only program, Appropriate Dress Requirements (no shorts, tanks, etc for Males No pants, Shorts, immodest tops for Females); Full participation in all activities and services; Camp details are determined by the director. The M.M.M.Camp has a STANDARD CODE OF CONDUCT that will be in effect for CAMP. The Standard Code of Conduct should be attached to this application for your review.

I _____ (camper), am familiar with the dress code, doctrine and discipline statements for the M.M.M.CampSTANDARD CODE OF CONDUCT. I agree to willingly abide by these rules, be a good sportsman, dress according to camp policy and exhibit a good Christian disposition at all times. I agree to follow the directives of the camp director and leadership at all times. I desire to come to M.M.M.Camp and do so at my own risk. I understand that failing to comply with the rules of the camp may result in my dismissal from camp and require my parent/guardian to make arrangements for my early departure.

Camper Signature _____ Parent: I agree to this statement _____

OFFICE USE:

Personal _____ Medical _____ T-Shirt _____ Release _____ Camper Agreement _____ Fees Enclosed \$ _____ Follow UP _____