

Camper First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade entering in the fall of 2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many WOH camps have you attended in the past.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: any of the following that have a ‘Yes’ answer require an explanation.

Sexual misconduct of any kind involving children, youth, or adults, including crimes resulting in a conviction?

Yes

No

Violence against another person resulting in a felony conviction within the last 10 years?

Yes

No

Use, or distribution, of illicit drugs or controlled substances resulting in a conviction in the last 10 years?

Yes

No

Property crime resulting in a conviction in the last 10 years?

Yes

No

Any other characteristics which would render person a threat to others?

Yes

No

Parent First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child and I have seen, read, and agree to every aspect of the [Liability and Release Agreement](https://groupmissiontrips.com/media/481764/liabiltyreleaseform.pdf)and the [Code of Conduct](https://groupmissiontrips.com/media/481763/codeofconduct.pdf) . By signing this form, I hereby authorize Group Mission Trips to use or disclose my child’s protected health information for the purposes of treatment, payment, health care operations, or any other disclosures as allowed by law in connection with any accident, medical incident, or claim made. (Please note: as a participant, you are responsible for your own health insurance needs and are advised to bring your personal health insurance information with you on your mission trip.)

I understand by typing my full legal name below that I am authorizing my digital signature as my legally binding signature.

Camper Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_