

**ALIVE IN CHRIST  
ASCETICAL BOOT CAMP  
Holy Protection of Mary Byzantine Catholic Eparchy of Phoenix – Vocations Office  
Black Diamond Camps, Auburn, WA  
July 13<sup>th</sup> – 16<sup>th</sup>, 2023**

**MEDICAL RELEASE & LIABILITY WAIVER (BE SURE TO COMPLETE ALL PAGES AS APPLICABLE)**

**It is highly recommended that applying adults complete the medical portion of this form.**

Camper's Name:

Last

First

Middle

*(Name Called)*

Date-of-Birth:

Age during retreat weekend:

Home Address:

Parent/Guardian or spouse's name:

Primary Phone:

Secondary Phone:

E-mail Address:

*If above named cannot be reached in case of emergency, notify:*

Name:

Primary Phone:

Secondary Phone:

E-mail Address:

*Health & Accident Insurance:*

Provider:

Address:

Insurance Certificate/Policy Number:

Policy Holder:

Relationship:

Health History: Please check all that apply and fill out the field at the end describing condition:

Frequent Strep Throat  
Frequent Ear Infections  
Chronic Cough  
Wheezing  
Chronic Constipation  
Kidney Disorder  
Heart Disorder

Sleep Walking  
Bed Wetting  
Fainting/Seizures  
Sleep Apnea/Severe  
Snoring  
Chicken Pox  
Serious Injuries

Severe/Frequent  
Headaches  
Hepatitis  
Infectious  
Mononucleosis  
Tuberculosis  
Meds for ADD/ADHD

Are there other special concerns regarding the camper's health or medical history? Will there be limitations to the activities in which the camper can function during the camp?

Date of most recent physical exam (swimmers preferred within last year):

Date of last tetanus shot:

Please list any allergies:

Please list any medically-based food restrictions:

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***(for boy applicants only)***

Check all that apply:

Camper will need help in taking medications, other than from his attending dad:  
Tylenol, Sufafed, NyQuil, Dimetapp, cough drops, or Pepto Bismol may be administered to your child  
*(if no, please describe restrictions at the end):*

*Please use common sense and discretion if your child or you are exposed to or have contracted any potentially serious communicable disease (e.g. chickenpox, hepatitis) during the **three weeks prior** to camp attendance.*

Please rate your son's swimming ability:

- Excellent
- Good
- Fair
- Needs special attention

Please rate your son's public reading ability:

- Excellent

Good  
Fair  
Don't ask him to read

**PERMISSION TO EXAMINE, PRESCRIBE MEDICATION, TREAT, AND DISCLOSE INFORMATION:**

I hereby give permission to medical personnel to perform routine tests and treatment for the health of my child designated above. In the event of an emergency or other acute event where time will not allow me to be reached, or I cannot be reached, I hereby give permission for the trained medic to secure necessary consultative care for my child, including hospitalization, anesthesia, surgery, and other medical treatment.

I further agree to allow information regarding any medication my child is taking, as well as specific medical or psychological conditions and necessary health-related records, to be given to and exchanged between camp and medical personnel for the treatment and well being of my child for either routine or emergency medical reasons.

The above health history is accurate to the best of my knowledge, and the child herein described has permission to engage in all camp activities except as noted on this form by me or by an examining physician. I attest that the camper's health is adequate for the rigors of the camp, as described here and in the other application materials.

SIGNATURE OF PARENT/LEGAL GUARDIAN OF CAMPER

DATE

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**WAIVE & RELEASE FROM LIABILITY:**

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE: *ALIVE IN CHRIST*; the Byzantine Catholic Metropolitan Church of Pittsburgh; the Holy Protection Byzantine Catholic Eparchy of Phoenix; Holy Protection Church; and *ALIVE IN CHRIST* camp leaders/medic/volunteers/donors all for the purpose herein referred to as "releasees" from all liability to the registered camper, his parents/legal guardians, his or her personal representatives, heirs, and the next of kin for any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrence causing injury to any person/property or resulting in death of the camper designated above who is participating in the *ALIVE IN CHRIST* retreat camp.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the camper designated above while in any way participating in this camp and whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE of the camper designated above due to the negligence of releasees, or otherwise, while participating in this camp.

4. THE UNDERSIGNED HEREBY AGREES TO ALLOW ANY PHOTOGRAPHS TAKEN BY THE PRESCOTT PINES CHRISTIAN CAMP OR EPARCHY OF PHOENIX REPRESENTATIVE to be used without written consent for their promotional materials.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representation, statements or inducement apart from the legal written agreement has been made.

**SIGNATURE OF PARENT/LEGAL GUARDIAN OF CAMPER**

**DATE**

PLEASE DESCRIBE ANY HEALTH CONDITIONS OR MEDICAL RESTRICTIONS BELOW