



FALL WEEKEND

AT

KALAHARI

NOV 19-20

(more information on back of form)

YOUNG LIFE FALL WEEKEND AT KALAHARI REGISTRATION FORM (2016)

YL younglife. CAMP

Student's Name: _____ School: _____

Gender: **M** **F** Age: _____ Current Grade (if applicable): **9** **10** **11** **12**

Cell Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____

Email Address : _____ Phone Number: _____ (_____) Type (ie: cell, home, etc.)

Parent/Guardian's Name: _____

Email Address : _____ Phone Number: _____ (_____) Type (ie: cell, home, etc.)

Parent/Guardian's Signature: _____ Date: _____

YOUNG LIFE Capernaum FALL WEEKEND INFORMATION

NOV 19-20

WHO WILL BE THERE?

Over 200 high school kids and Young Life leaders from all over northern Ohio.

WHERE IS IT?

The weekend will be held at Kalahari Water Park Resort in Sandusky, Ohio. Kalahari features Ohio's largest indoor water park (larger than 3 1/2 football fields!), indoor mini golf, hot tubs, giant video game arcade, retail shopping on site, amazing resort accommodations.

WHAT DOES IT COST?

The full cost is \$130 which includes transportation, food and lodging, water park passes and all Young Life activities. A deposit of \$75 reserves your spot. The deposit is part of the total cost and is non-refundable. Checks should be made payable to: Young Life.

WHAT SHOULD I BRING?

Bring a bathing suit, toiletries, shorts, t-shirts and sandals, warm clothes as well as some warm clothes you can go outdoors in (sweats, gloves, etc.).

WHAT ELSE SHOULD I KNOW?

Payment in full will be required prior to leaving for Fall Weekend at Kalahari. We will leave early Saturday morning at 7am from Hudson High School (Stow Road Parking Lot) and arrive back home around 2-3 pm on Sunday afternoon at the Stow Rd. parking lot of Hudson High School.

If you have further questions please contact a young Life leader or the local area Young Life office:

AUTHORIZATION FOR TREATMENT

I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT; TO MAINTAIN AND/OR RELEASE ANY MEDICAL RECORDS NECESSARY FOR INSURANCE PURPOSES AS OUTLINED UNDER THE HIPAA REGULATIONS*; AND TO PROVIDE OR ARRANGE NECESSARY RELATED TRANSPORTATION FOR ME OR MY CHILD. IN AN EMERGENCY, I HEREBY GIVE PERMISSION AND AUTHORIZE THE PHYSICIAN SELECTED BY YOUNG LIFE TO SECURE OR ADMINISTER EMERGENCY MEDICAL TREATMENT, INCLUDING HOSPITALIZATION AND ANY OTHER EMERGENCY MEDICAL PROCEDURES WHICH MAY BE NEEDED FOR THE PERSON NAMED HEREIN. I AUTHORIZE THE PHYSICIAN OR DENTIST TO CALL IN ANY NECESSARY CONSULTANTS IN HIS/HER DISCRETION. IT IS UNDERSTOOD THAT THIS CONSENT IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS OR TREATMENT BEING REQUIRED, AND IS GIVEN TO ENCOURAGE THOSE PERSONS WHO HAVE TEMPORARY CUSTODY OF THE MINOR, AND SAID PHYSICIAN OR DENTIST TO EXERCISE THEIR BEST JUDGMENT AS TO THE REQUIREMENTS OF SUCH DIAGNOSIS OR MEDICAL, DENTAL OR SURGICAL TREATMENT.

I AGREE TO REMAIN FULLY LIABLE AND RESPONSIBLE FOR THE PAYMENT OF ANY SUCH HOSPITAL, DOCTOR, AMBULANCE, DENTAL OR MEDICAL FEES WITH THE EXCEPTION OF THE ACCIDENT COVERAGE AS SET OUT HEREIN. I FURTHER AGREE THAT IN GIVING THIS PERMISSION AND AUTHORIZATION, YOUNG LIFE DOES NOT ASSUME ANY RESPONSIBILITY OR LIABILITY FOR THE PAYMENT OF SUCH HOSPITAL, DOCTOR, AMBULANCE, DENTAL OR OTHER MEDICAL FEES WHICH MAY BE INCURRED. THE COMPLETED FORMS MAY BE PHOTOCOPIED AND MAINTAINED BY AUTHORIZED PERSONNEL FOR TRIPS OUT OF CAMP.

SIGNATURE OF PARENT/ GUARDIAN: _____

ACKNOWLEDGEMENT OF INHERENT RISK

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT A YOUNG LIFE CAMP IS A PRIVILEGE AND AS CONSIDERATION FOR THIS PRIVILEGE, I RELEASE YOUNG LIFE, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR DURING YOUNG LIFE SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS.

I HEREBY GRANT PERMISSION TO YOUNG LIFE THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEO-TAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF YOUNG LIFE.

SIGNATURE OF PARENT/GUARDIAN: _____

INSURANCE COVERAGE

I UNDERSTAND THAT MY PERSONAL INSURANCE WILL BE PRIMARY COVERAGE FOR CAMPER ACCIDENTS AND THAT YOUNG LIFE'S INSURANCE IS SECONDARY UP TO A MAXIMUM OF EXCEPTION: IF THE TOTAL CLAIM IS LESS THAN \$250, YOUNG LIFE WILL PAY THE FULL AMOUNT. ON CLAIMS ABOVE \$250, YOUNG LIFE WILL COORDINATE PAYMENTS FOR DEDUCTIBLES AND CO-PAYS. YOUNG LIFE'S POLICY DOES NOT COVER CAMPER ILLNESSES. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUNG LIFE BENEFITS AND INSURANCE AT:

PARENT OR GUARDIAN'S INSURANCE COMPANY _____

POLICY NUMBER _____

NOT CURRENTLY INSURED - YOUNG LIFE RESERVES THE RIGHT TO SUBROGATION IF IT IS DETERMINED THAT PERSONAL MEDICAL INSURANCE WAS IN PLACE.