



Please send all Worker Applications to: Denise Myers, 933 1<sup>st</sup> Avenue, Pleasant Grove, AL 35127  
**These must be received by May 1, 2009.**

**HEALTH HISTORY:**

**ALLERGIES:** \_\_\_\_\_

**EXISTING CONDITIONS:**

\_\_\_\_\_ heart; \_\_\_\_\_ diabetes; \_\_\_\_\_ nervous condition; \_\_\_\_\_ handicaps; \_\_\_\_\_ asthma;  
\_\_\_\_\_ colds; \_\_\_\_\_ other

**If any of the above conditions are checked, please give details:**

\_\_\_\_\_  
\_\_\_\_\_

**Name and dosage of medications that must be taken at camp:**

\_\_\_\_\_

**Activity Restrictions:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Plan #** \_\_\_\_\_ **Group #** \_\_\_\_\_

Please cross out any of the following medications the camper should NOT receive:  
Aspirin Tylenol Kaopectate Butadiene topical Neosporin Ointment Actifed Sudafed  
Mylanta/Maalox Campho Phenique Cortisporin Ointment Benadryl Pepto Bismal  
Milk of Magnesia Calamine/Caladryl Hydrocortisone Ointment

We realize that no outdoor activity is without the possibility of unforeseen hazards, which could result in injury to an individual. For this reason, the Alabama North District provides supervision and directions for safe conduct of our camp activities. Many times these directions are not followed or are disregarded by campers in our programs, resulting to injury to a camper. Therefore, we ask that you instruct your camper(s) regarding the importance of proper conduct, which will insure safety and an enjoyable time while at camp. By signing this form you, as a parent or legal guardian, agree to assume risks and hazards which are inherent in camping activities sponsored by the Alabama North District Church of the Nazarene, Rolling Hills Conference Center and/or its owners, agents, or employees for damage, loss, or injuries to the persons or property undersigned. The Alabama North District Church of the Nazarene carries accident insurance as secondary insurance to individual or family coverage.

I understand that I am signing for the minor listed on this form and that the signature is both a medical and liability release. If an incident should occur which causes a dispute between the Alabama North District Church of the Nazarene, Camp Staff, or Rolling Hills Conference Center and myself, I agree not to press legal charges in a court of law, but will submit to arbitration by a representative of an organization established for such purposes, agreed by both parties.

In the event I cannot be reached in an emergency during the camp dates shown on this form, I hereby give my permission to the physician or dentist selected by the Children's Camp Staff to hospitalize, to secure proper treatment and/or order injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the nurse on duty at the Alabama North District Children's Camp to administer aid as required for illness or injury under a physician's orders.

**Children's Camp Policy requires all campers be checked for any contagious illness or condition such as fever, nausea, lice, etc. This will be done at registration by the camp nurse and staff. No child will allowed to register who is not well.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Pager #** \_\_\_\_\_

**Email** \_\_\_\_\_