



# 2026 Youth Summer Camp Permission Slip & Medical Release Form

Revolution Youth Church of York Christian Fellowship

110 Weldon Dr., York, PA 17404 (717-792-5354)

**Due Back Thursday, April 2nd**

**CAMPER PERSONAL INFORMATION:**

Name \_\_\_\_\_ Student Cell Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male/Female (Circle one) \_\_\_\_\_ Grade entering this fall \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

or Male Legal Guardian's Name \_\_\_\_\_ or Female Legal Guardian's Name \_\_\_\_\_

Address (If different from Camper) \_\_\_\_\_ Address (If different from Camper) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT OTHER THAN PARENTS/GUARDIANS:** (List two people who can be contacted in the event of an emergency should parents/guardians be unavailable.)

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

**MEDICAL INSURANCE and PRIMARY PHYSICIAN:** \*Make two photocopies of your medical insurance card. Attach one to the back of this packet and place the other in the Camper's luggage.

HMO or Insurance Company \_\_\_\_\_ Member/Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone# \_\_\_\_\_

**HEALTH INFORMATION:**

Do you have any physical disabilities? \_\_\_\_\_ If so, please state \_\_\_\_\_

Do you have any activity restrictions? \_\_\_\_\_ If so, please state \_\_\_\_\_

Do you take prescription medicine? \_\_\_\_\_ If so, will you have your medication with you? \_\_\_\_\_

State the prescription medication(s) you take \_\_\_\_\_

**NOTE:** Your prescription medication must be in the original container with dosage printed on the label. Your Camp Counselor should be advised and you are to give your prescription medication to your Camp Counselor. Please fill out and sign the "Prescription Medication/Over the Counter Medication" Information sheet in this packet.

Are you allergic to any FOOD, MEDICATIONS, INSECT BITES OR STINGS? \_\_\_\_\_ Please specify \_\_\_\_\_

Did you bring any EpiPens with you? \_\_\_\_\_

Are you allergic to any drugs? \_\_\_\_\_ If so, please state \_\_\_\_\_

Do you have any other allergies? \_\_\_\_\_ If so, please state \_\_\_\_\_

Are you currently under a Doctor's care? \_\_\_\_\_ If so, please describe condition. \_\_\_\_\_

Have you had or do you have asthmatic reactions? \_\_\_\_\_

Other existing medical conditions \_\_\_\_\_

Please note if any of the above required emergency room treatment. \_\_\_\_\_

Do you have any medical or physical condition which you have not previously disclosed above? \_\_\_\_\_

If so please state: \_\_\_\_\_

Is your tetanus shot current? \_\_\_\_\_

**PHOTOGRAPHS AND VIDEO:** York Christian Fellowship and Revolution Youth Church reserves the right to use all photographs and video taken during said event for future use.

**PROHIBITED ITEMS:** Possession of prohibited items such as Illegal drugs, fireworks, weapons (including all kinds of knives, alcohol & cigarettes, will result in the camper being sent home at the expense of their parents and without refund. All electronics and cell phones are to be left at home or kept by Camp Counselors during camp.

**NOTE:** York Christian Fellowship's Revolution Youth Summer Camp will rely on the information you submit on this form and will have no responsibility for such reliance in the event the information you provide is not truthful or not complete

I, \_\_\_\_\_, parent/ guardian of \_\_\_\_\_

\_\_\_\_\_, do hereby request that the above named teenager be permitted to attend events & activities sponsored by & endorsed by York Christian Fellowship and Revolution Youth Church; including travel to & from the events/activities for the dates **June 7<sup>th</sup>, 2026 – June 11<sup>th</sup>, 2026.**

I further agree & consent to have the staff members/ chaperones/ or any other approved worker under whose auspices the program/activities/events is conducted, to secure any emergency or other medical care or treatment that may be necessary for my child during the entire outing, including travel to & from such event. I further assume all responsibility for the decisions made, & the emergency care or treatment so secured for my child. I further understand that every effort will be made to contact me, or those listed as emergency contact persons, in the event of an emergency. I understand that the above named insurance will be used for any treatments required. I understand reasonable safety precautions will be taken by York Christian Fellowship, Revolution Youth Church & its agents during the events & activities. I understand the possibility of unforeseen hazards & know the inherent possibility of risk.

**Student's Name:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

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

**Student Signature (if over 18 years of age)** \_\_\_\_\_

**RELEASE AFFIDAVIT and HEALTH CARE PROXY AFFIDAVIT**

I, \_\_\_\_\_, being aware of the penalty for perjury, do solemnly swear:

I am the parent and natural guardian of \_\_\_\_\_,

I hereby give my permission for my child to participate in Youth Summer Camp.

I, individually and on behalf of my family, **RELEASE : York Christian Fellowship and Revolution Youth Church and Black Rock Retreat**, and their principals, directors, officers, agents, employees, and volunteers from any and all liability for any harm to my child or my child’s property resulting directly or indirectly (a.) from my participation in York Christian Fellowship’s Revolution Youth Summer Camp, and / or (b.) from any travel to, from or in connection with such participation, and (c.) personally assume all risks and liabilities in connection with my child’s participation in Youth Summer Camp.

I acknowledge and accept that there are significant elements of risk in any adventure sport, activity, or training that requires harnesses, belays, and other equipment or that may involve hiking, climbing, and/or repelling (i.e. Climbing Wall, Zip Lines, High Ropes Course, Climbing Tower, Leap of Faith, Giant Swing, Giant’s Ladder, Low Ropes, Swimming, Archery, Orienteering, Nature Studies, Physical Challenge Courses, Group Initiatives, and other events referred to hereafter as “activities”) and the use of any equipment.

In consideration of being allowed to participate in any of the aforementioned activities at Black Rock Retreat. (hereafter “BRR”) I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible and for my / our heirs, personal representatives or assigns, hereby acknowledge the risks of injury or damage to property, personal injury, and or death involved in participating in the activities at BRR. I further agree to require said minor to participate in all safety training and wear all safety equipment provided by BRR for any of the above activities.

I, for myself and any minor child(ren) for whom I am parent, legal guardian and/or otherwise responsible hereby release, acquit and forgive BRR, its principals, directors, officers, agents, employees, and volunteers (Releasees) from any and all liability of any nature for any and all injury or damage (including property damage, personal injury, illness, paralysis, and/or death) to me or said minor child(ren) as the result of my/our participation in the activities at BRR.

I, for myself and any minor child(ren) for whom I am parent, legal guardian and/or otherwise responsible, and my/our heir(s) personal representatives or assign(s) also hereby **expressly waive any claim**, lawsuit, complaint, charge, or cause of action **against BRR**, its principals, directors, officers, agents, employees and for any and all injury or damage, to me or any such minor child(ren) and other person(s) as a result of my/our participation in the activities at BRR.

I, for my/our heir(s) personal representatives, and assign(s) also hereby **expressly agree to indemnify and hold harmless BRR**, its principals, directors, officers, agents, employees, including costs, expenses, and counsel fees, from and against all claims, lawsuits, complaints, charges, or causes of action arising from the participation in the activities at BRR, and the activities for which this Release and Waiver agreement is given.

I give permission for my child to ride in any vehicle designated by the Pastors, Youth Pastors, Leaders or Chaperones of York Christian Fellowship, Revolution Youth Church and Black Rock Retreat, its employees and adult volunteers, during and while at this event.

**HEALTH CARE PROXY:**

In the event that my minor child requires that health care decisions be made I hereby authorize any person who is 21 years of age or older and who is either a York Christian Fellowship Youth Summer Camp Leader or Counselor in an activity being held at Black Rock Retreat, or holds a higher position, to be my health care agent and, following consultation with the attending physician of my agents choosing, to make any and all health care decisions for my child and hereby release this health care agent from any and all liability for the consequences of their decisions.

Parent’s signature \_\_\_\_\_

Printed Name of Parent \_\_\_\_\_

**Prescription Medication/Over the Counter Medication Information Sheet:**

Name of Camper receiving medicine \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

Note: Fill out this form and keep it in this packet. (Do not detach from this packet)

**Make TWO extra copies of this form. Place one in your child's suitcase with the medical insurance card and give the other to your Church Camp Counselor.**

**#1 Name of Prescription Medication** \_\_\_\_\_

Dosage \_\_\_\_\_

Time to be administered \_\_\_\_\_

**#2 Name of Prescription Medication** \_\_\_\_\_

Dosage \_\_\_\_\_

Time to be administered \_\_\_\_\_

**#3 Name of Prescription Medication** \_\_\_\_\_

Dosage \_\_\_\_\_

Time to be administered \_\_\_\_\_

**#1 Over the Counter Medication** \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be administered \_\_\_\_\_

**#2 Over the Counter Medication** \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be administered \_\_\_\_\_

Please Note: Parent/Guardian Fill Out + Sign ① Per Family  
Black Rock Retreat Waiver, Release, and Indemnification Agreement

- 1. Assumption of Risk.** I expressly understand and agree that I am personally responsible for my safety and actions while using the facilities and premises and participating in the programs at Black Rock Retreat (the "Activity"). On behalf of myself and as a parent and/or legal guardian of minors participating in any Activity (the "Minor"), I acknowledge that the Activity involves risk and may result in various types of injury including, but not limited to, to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I agree to comply with all Black Rock Retreat policies and rules, including but not limited to all Black Rock Retreat policies, guidelines, signage, and instructions. I further understand that I am responsible for evaluating the risks that Minor or I may face. I understand that I am responsible for evaluating the risks Minor or I face by using the facilities and premises and participating in the Activity.

I have done so and by my signature below, by Minor's or my engagement in the Activity, and by use of transportation to and from the Activity, in exchange for the opportunity to voluntarily use the facilities, premises and programs of Black Rock Retreat, on behalf of Minor and myself, I have assumed the risk for and am responsible for our actions.

- 2. Acknowledgement of Safety Measures to be Utilized by Guest and Black Rock Retreat.** Black Rock Retreat will take certain safety measures to help prevent, as best it reasonably can, infection or the spread of illness. Black Rock Retreat will also stay apprised of any recommendations from the CDC and will consider action accordingly. In the event that the CDC or Black Rock Retreat recommends additional safety measures, I agree to pursue utilization of such safety measures upon verbal or written request of Black Rock Retreat.
- 3. Indemnification and Hold Harmless.** I specifically understand that I am personally responsible for Minor's and my actions and omissions, and any resulting sicknesses or injuries and agree to indemnify, defend, and hold harmless, including from reasonable attorneys' fees and/or any other associated costs, Black Rock Retreat, and its predecessors, successors, assigns, officers, directors, employees, volunteers, agents, and legal representatives (the "Releasees"), from any and all actions, claims, or demands that Minor and I, for ourselves and on behalf of our family, spouse, estate, heirs, executors, administrators, assigns and personal representatives, have or may have for any and all sicknesses or injuries relating to or resulting from the Activity that Minor or I may suffer or sustain, regardless of cause or fault, as a result of our voluntary decision to utilize the facilities and premises of Black Rock Retreat, caused by any act or omission of Black Rock Retreat and/or Minor or by me, resulting from utilizing the facilities and premises of Black Rock Retreat.
- 4. WAIVER OF CLAIMS.** In consideration of being allowed to utilize Black Rock Retreat's facilities and premises, on behalf of myself and Minor (individually and collectively referred to herein as "Releasor"), I hereby waive any and all claims, demands, damages, actions, or suits, in law or in equity, whether heretofore or hereafter accruing, or whether now known or not known to the parties, which may arise from any negligent or grossly negligent act or omission of Black Rock Retreat, or the Releasees, including but not limited to claims for negligence, gross negligence, personal injury, and mental anguish, for or because of anything done or omitted, or suffered to be done, directly or indirectly related to Releasor's use of Black Rock Retreat's facilities, premises and participating in the Activity. Releasor further waives any and all liability of Releasees for their negligence or gross negligence causing any accident, illness, injury, loss or damage to personal property, or any other consequences arising or resulting directly or indirectly from Guest's use of and entrance upon Black Rock Retreat's facilities and premises. Releasor acknowledges and agrees that Releasees assume no responsibility for any liability, damage, or injury that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after Guest's use of Black Rock Retreat's facilities, premises and participating in the Activity. By signing this agreement Releasor is giving up legal rights.

# Please Note: Parent/Guardian Fill Out + Sign (1) Per Family

In signing this Waiver, Release, and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, understand its terms and provision, understand it affects my legal rights individually and my legal rights as a parent/legal guardian, as well as the rights of the Minor, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Group Name: York Christian Fellowship

## Parent/Guardian:

\* Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Camper

Minor's Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Minor's Name: \_\_\_\_\_ Parent: \_\_\_\_\_