



CAROLINA CROSS CONNECTION ACTIVITY & MEDICAL CONSENT FORM

Activity & Medical Consent forms
MUST be scanned & emailed to the
main office before you arrive in camp.
Please see registration information for
details.

PARTICIPANT CONSENT FORM

Carolina Cross Connection (CCC) is a Christian organization that creates mission experiences for students and adults.

In the event that I, or my/our child, is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment deemed necessary by a licensed physician. I/We give permission to the CCC Camp Director and/or our church group leader to select a physician, to hospitalize, to secure proper treatment for, and to order injection, anesthesia or surgery for me/my child as deemed necessary by a licensed physician.

In the event of a medical emergency, if the participant is under the age of 18, I/we understand every reasonable effort will be made to contact me/us, or the emergency contact, or the emergency contact I/we have designated on this form, en route to or upon arrival at the hospital or health care facility.

In the event treatment is required from a physician and/or personnel designated by CCC, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care, should the cost of that medical care not be reimbursed by the primary health insurance provider (my/our family's) and/or the secondary health insurance provider (those of CCC and the camp).

I/we affirm that the health insurance information on this form is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant.

I/we agree to go home, or bring my/our child home, at my own/our expense should I/they become ill, if I/they fail to comply with the Code of Conduct below, or if otherwise deemed necessary by the CCC summer staff. If participant is under the age of 18, I/we understand that all medical and behavioral issues will be discussed with the Camp Director and an adult from my/our church, if possible of the same gender.

MEDIA RELEASE & WAIVER:

I/we give permission for images of myself/my child, through photographs, video or other likeness, to be used by CCC for the purpose of promotional materials. I further release CCC from any liability associated with promotional use of these images. I/we release any claim to said images, and acknowledge that they are the sole property of and are copyrighted by CCC.

Printed name of participant Date

Signature of participant Date

Parent/guardian signature, if participant is under the age of 18 Date

CODE OF CONDUCT

We expect each student and adult to conform to the following conduct guidelines. Participants who fail to comply with these expectations will suffer the consequences, which may include being sent home at the expense of the parents or youth leader.

- No possession of alcohol or drugs
- No possession of tobacco products by participants under the age of 18. Possession of tobacco products by participants 18 or older is limited to designated smoking areas. Absolutely NO TOBACCO USE is allowed on, or en route to and from, service areas.
- No possession of weapons, pocket knives, fireworks, or explosives.
- No threatening, fighting with, or otherwise intentionally harming others - physically, emotionally, or mentally.
- No use of personal electronics (including game devices and phones) during in-camp activities or in the community.
- Compliance with dress code in camp and in the community.
- Must remain in designated sleeping area.
- No staying up after Lights Out. No going beyond camp boundaries at any time.
- Respect camp rules and schedules. Respect the property of others and the camps. (You are financially responsible for damage due to your actions.)
- No sharing of personal information with community members (email address, social media information, mailing address, phone numbers, etc.) unless 25 years and older.

Participant's Signature Date

PARTICIPANT INFORMATION



Name _____
First Last Name you go by

Address _____

City, State, Zip _____

Phone _____ Pronouns _____

E-mail Address _____ Date of Birth _____ Gender _____

Participant's Church Name _____ City/State _____

EMERGENCY MEDICAL INFORMATION

Medical Information on this form will ONLY be used if medical treatment is needed.

Date of last Tetanus shot: _____

Medication(s) you are currently taking: _____

List any allergies or health concerns: _____

Physician Name: _____ Office Phone: _____

Dentist Name: _____ Office Phone: _____

MEDICAL INSURANCE INFORMATION

If possible, please include a copy of your insurance card with this document

Company Name _____ Phone # _____

Address _____ City, State, Zip _____

Policy # _____ Policy Holder's ID # _____

Relationship to policyholder _____

EMERGENCY CONTACT INFORMATION

Primary
Name _____

Secondary
Name _____

Relationship to Participant _____

Relationship to Participant _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____