



Health Care & Emergency Information

Please fill out completely and legibly!

Participant's Name: _____ Date of Birth: _____

Parent or Guardian Name(s): _____

Parent's Preferred Phone #: _____ Participant's Phone #: _____

In case of emergency, we will contact the parent's preferred number first. Please provide an additional contact here.

Emergency Contact and Relation: _____

Emergency Contact Phone #(s): _____

What driver(s) may the participant be released to at the conclusion of Discover?

Primary Care Physician

Name _____ Phone Number _____

Health Insurance Information (Please also provide a scanned copy of your insurance card)

Policy Holder Name _____ Policy Number _____

Insurance Provider _____ Group Number _____

Please list any allergies to drugs, foods, plants, insects, and special dietary needs/restrictions (please be as specific as possible, especially about dietary restrictions so we may work with our chef to accommodate your requests):

Please list any prescription medication (and dosage information) to be taken by the participant (if applicable, please discuss administration of medication with Discover staff upon arrival):

To enable us to better serve and include each participant, please list any medical conditions relevant to participating in Discover activities (surgeries; serious injuries; chronic or recurring illness; conditions such as epilepsy or diabetes; mental illness, etc.) and/or any physical mobility limitations:

I give permission for Discover staff to give my child the following:

Acetaminophen – Tylenol or Generic:	Yes	No	Aspirin:	Yes	No
Ibuprofen – Advil or Generic:	Yes	No	Antihistamine – Benadryl or Generic:	Yes	No
Cough Suppressant – Robitussin or Generic:	Yes	No	Decongestant – Sudafed or Generic:	Yes	No
Antacid – Tums or Generic:	Yes	No	Antibiotic Ointment:	Yes	No

Parent/Guardian Consent

I, parent/guardian of _____ (“Participant”), consent to Participant attending the DISCOVER Theology Institute (“Discover”), to be held at Black Lake Retreat Center from July 19-22, 2023. Accordingly, I agree to the following:

Behavior. Discover is a Christian camp, meaning that participants are expected to conduct themselves in a manner that is consistent with Christian values (love of God and neighbor, showing love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control). Throughout the week, there will be incredible opportunities for all participants to grow in their faith. Accordingly, Discover expects participants to respect staff members, to follow camp rules and procedures (to be overviewed on the first evening of Discover), to respect the property of Catawba College, and to value all participants. Discover will not tolerate bullying or other disrespectful and disruptive behavior. I understand that consistent or flagrant violation of the above could result in Participant being sent home early from the Discover Program.

Field Trips. Field trips are part of the Discover program and encompass off campus activities. Field trips may include, but are not limited to, swimming, canoeing, kayaking, hiking, and/or ropes courses as well as transportation to and from those sites. I give permission for Participant to take part in the field trips associated with the Discover program. I understand that the Discover staff will exercise reasonable care during field trips.

Emergency Care. I understand that Discover staff are not licensed medical professionals, but that they will make their best efforts to provide reasonable first aid care to Participant in the event of a minor injury, such as a small cut or scrape, and I authorize them to do so. However, in the event of a more serious accident or illness during Discover that needs immediate treatment, I agree to Participant receiving first aid & medical treatment from qualified practitioners, including life-saving treatments, as may be considered necessary by a licensed medical provider. I authorize the transportation of my child (without

notice to parent/guardian, if not practical), by ambulance if necessary, to the nearest available medical facility. I understand the extent & limitations of my medical insurance and that it is primary, unless otherwise specified. I will inform the Discover staff immediately if there is any change in medical circumstances (including changes to insurance coverage) regarding Participant from the date signed below through the conclusion of Discover. In the event of an emergency, a Discover staff member will contact the parent/guardian as soon as is reasonably possible.

Image Release. Discover staff will be taking photographs throughout the week to document the time at Discover. Consequently, I, the undersigned, hereby give consent to Discover to use the image and likeness of the Participant in its promotional publications, advertising, videos or other media activities (including the Internet). Further, I acknowledge that neither I nor the Participant will receive compensation for such uses.

Technology Policy. I acknowledge that Participant assumes the risk of theft or loss for any electronic device(s), including cell phones, that Participant elects to bring to Discover and under no circumstances will Discover or Catawba College be held liable for damage to electronic devices. Further, I agree to allow Discover staff to set the appropriate times for Participant to use electronic devices and I consent to Discover staff having discretion to take away any electronic devices from Participant should they become overly distracting throughout the week. In such instances, the electronic devices will be returned prior to Participant's departure from Discover.

Covid-19 Disclaimer. The Discover Program will be held in person for the summer of 2023. Discover staff will be implementing protocols as needed to mitigate the risk of spreading Covid-19 in accordance with guidelines from the CDC and local authorities. Participant agrees to comply with the Covid-19 instructions and protocols that the Discover staff has in place and use his/her best efforts to take necessary precautions to minimize the threat of infection and spread of the virus. Further, Parent/Guardian and/or Participant acknowledges that no protocols can eliminate the risks associated with Covid-19 and, therefore, by attending the Discover Program, the undersigned expressly assume the risks associated with Covid-19 and agree to hold harmless Discover and Catawba College from any liability related to Covid-19.

Liability Limitation. Parent/Guardian and/or Participant hereby releases and agrees to hold harmless, Discover and Catawba College, or any of their respective affiliated entities, from any and all liability for any harm or damages incurred by Participant arising out of the Discover program. Any legal dispute arising out of the Discover Program will be governed by the laws of North Carolina and all parties hereto consent to the exclusive jurisdiction of the applicable court in Rowan County, North Carolina to resolve any such matter.

BY SIGNING BELOW YOU ARE ACKNOWLEDGING THAT YOU AGREE TO THE TERMS STATED HEREIN, THAT YOU HAVE LEGAL CAPACITY TO EXECUTE THIS DOCUMENT, AND THAT ALL INFORMATION PROVIDED ON THE ABOVE REGISTRATION AND HEALTH PROVIDER INFORMATION FORMS IS ACCURATE.

Signature of Parent/Guardian

Signature of Participant

Date _____

