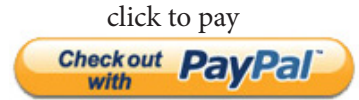




Guiding Youth and Outdoorsmen to a Relationship with Christ in God's Great Outdoors

This form will insure your spot at Camp by reserving you a place at your desired camp date if available. Your reservation is not valid until we have this completed form and the \$300 deposit.

Please Print and return all pages with \$300 non-refundable deposit by check or:
Christian Outdoor Alliance, 165 Bobbie Lynn, Harper, TX 78631



Direct all Questions to Amy Marbach • 210-875-0889 • amymarbach@att.net

COA SUMMER CAMP 2019 Participation Consent, Release, and Indemnity

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE CHRISTIAN OUTDOOR ALLIANCE, PRIOR TO THE BEGINNING OF THE EVENT OR TRIP DESCRIBED, OR THE STUDENT WILL NOT BE ALLOWED TO PARTICIPATE.

Camper Information:

Full Name: _____

Name Used: _____

Date of Birth: _____

Do you have your Hunter Education Certificate: _____

T-Shirt Size: _____ Camper Age: _____

Hunting License Number: _____

CAMP OPTION: (Request Raffle Tickets on Page 4 to assist with camp costs)

- BASIC CAMP - (doe, hog or management ram) - \$950
- TROPHY RAM CAMP - \$1,500
- EXOTIC TROPHY CAMP - \$3,000
- SUPER EXOTIC CAMP - CALL FOR PRICE

(We need to have a good idea of how many of the various animals will be needed for camps - You can tell us now or get us your choice by April 30. Changes to a higher or lower camp, after April 30 will be subject to availability):

CAMP CHOICE #1:

- June 9-15 Mobley Ranch - Bryan, TX - Boys (16 spots)
- June 23-29 700 Springs - Junction, TX - Boys (15 spots)
- July 7-13 700 Springs - Junction, TX - Boys (20 spots)
- July 21-27 700 Springs - Junction, TX - Boys (20 spots)
- Aug 4-10 700 Springs - Junction, TX - Girls

Family Information:

Guardian: _____
Address: _____
City: _____
State: _____
Zip: _____
Email: _____
Home Phone: _____
Business Phone: _____
Mobile Phone: _____

PARTICIPATION CONSENT, RELEASE AND INDEMNITY

NAME OF PARENT OR GUARDIAN: _____

Permission for Emergency Medical Surgical Procedure and Medication

In the event that we cannot be reached in time, any emergency surgical procedure or the administration of special medication can be performed on our son / or daughter at the direction of: Michael Marbach, Amy Marbach, or a COA Representative.

Health Insurance Carrier: _____

Ins. Phone #: _____

Group #: _____

Doctor: _____

Doctor Phone #: _____

Medication to be Administered (all medication must be checked in with camp nurse)

Please list any medication which student will be taking scheduled during camp (add more to back if needed.):

Name: _____ Dose: _____ Time: _____

Name: _____ Dose: _____ Time: _____

Name: _____ Dose: _____ Time: _____

Does your child have a severe allergy / allergies? _____

Type (Food, Insect): _____ Med. Required _____

Type (Food, Insect): _____ Med. Required _____

Type (Food, Insect): _____ Med. Required _____

Adverse Medication

Please list any medication that should not be administered due to adverse reactions or allergy:

-
- OTC medications can be administered per label instructions if needed.

Emergency Contact

Name: _____

Relation: _____

Phone: _____

Emergency Contact #2

If I cannot be reached in an emergency, please notify:

Name: _____

Relation: _____

Phone: _____

Camper Guidelines

- Campers will not go into the COA gun safe alone- ever
- Follow Hunter Ed. Safety Rules at all times
- Counselors/Guides will handle, load, and unload guns
- Knives and guns are to be kept in COA Gun Safe and only used with supervision of counselor.
- No swimming or water activity without counselor/staff supervision- NEVER swim alone or fish alone
- Life jackets must be properly worn when using kayaks, canoes, and boats
- Turn in all cell phones and electronics to be kept safe during camp and only used with counselor permission then returned to storage
- Golden Rule - do unto others as you would have done to you!

Consent, Release, Indemnity

I, the parent/ guardian of the above-named camper, hereby consent to student's participation in the event or trip described above. In consideration of Christian Outdoor Alliance giving camper the opportunity to participate in this event or trip, I agree that, in the event of any accident causing injury or damage to the person or property of the students that may relate to, arise out of, or in any way concern this event or trip, I will hold harmless and will unconditionally indemnify the Christian Outdoor Alliance and its agents and employees against all claims, causes of action, and damages for which the camp may become liable by reason of such injury or damage, whether brought by the campers or by any person having a legal interest in the property or person of the student. I understand that this release of claims and indemnity applies to accidents, damages, or injuries caused either in whole or in part by any negligent act or omission of the camp, its officers, employees, representatives, or agents.

I agree that should my son/daughter not abide by all the Camp rules, he/she may be sent home at my personal expense and no refund of the trip fee will be made.

I have read this Participation Consent, Release, and Indemnity from and understand its terms. I execute it voluntarily and with full knowledge of its meaning and effect.

Signature of Parent/Guardian _____

Camper Signature _____

Date: _____

Please let us know if there are any special needs or prayer concerns for us to help your camper with during their week at COA Camp.

Roommate Request: COA will try our best to accommodate, but may not be able to.

RAFFLE TICKETS

COA's Raffle Program allows you to sell our \$10 Raffle tickets to help fund your Camp. We will raffle items such as a whitetail buck hunt, exotic buck hunt, hog hunt, turkey hunt, etc. For every ticket you sell, all \$10 of the sell goes toward your camp expenses. You can go to your neighborhood, church, local stores, anywhere to sell raffle tickets and pay for camp.

Tickets will be available in March

I Will Need Raffle Tickets