

TERUAH REGISTRATION:

(please print)

Name: _____ DOB: _____ Age: _____ Grade entering:

Address:

Contact numbers

Cell: _____ Home:

Parent or Guardian:

Are you a member of Redemption Life? _____ T-Shirt size:

Do you attend church? ___ If so, where?

Please list anyone approved to pick up your child:

- 1.
- 2.

CAMP COST: \$250

DATES: July 12 - 16, 2021

Deposit of \$75 guarantees your place and goes toward your camp cost.
This is NON-REFUNDABLE!

\$175 remaining balance due: Wed July 7

*Write checks payable to: Redemption Life Church, P.O. Box 922,
Powell, Tn 37849*

AN AUDITION VIDEO/PIECE WILL BE REQUIRED for certain tracks

CONTACT & HEALTH FORM

Medical Information

Emergency Contact Information (please print)

Mother:

Cell Work

Father:

Cell

Additional Emergency Contact Alternate

Name:

Cell Work Relationship to Student:

ALLERGIES & DIETARY RESTRICTIONS: Please list, describe reaction, and management of the reaction as applicable.

MEDICATIONS: Please list all medications (including over-the-counter or nonprescription) taken regularly. Children are expected to bring whatever medical supplies or medications they will need each day and turn it in to staff, along with written instructions. Staff will be happy to remind them to take medication if we are notified in writing about their schedule.

MEDICATION:_Dosage:

Specific times to be taken:

Reasons for taking:

MEDICATION:_Dosage:

Specific times to be taken:

Reasons for taking:

HEALTH INSURANCE / PHYSICIAN

Insurance Company:

Policy/Group Number and Participant ID Number:

Physicians Name and Office Number:

IMMUNIZATIONS

Date of last Tetanus shot:

PAST MEDICAL TREATMENT

Please list an major medical treatment, type, and date:

NOTIFICATION: Do you want to be notified immediately during the camp session for minor injuries such as scrapes, non-allergic bee stings, nose bleeds, etc?_ **SPECIAL NEEDS:** *Are there any physical, mental, psychological or behavioral conditions requiring medication, treatment, or special restrictions/considerations while at camp of which we should be aware to ensure your child's fullest enjoyment of their camp experience? Please describe, including any special accommodations necessary. Please note that it is your responsibility to supply any necessary medical equipment which relates to a specific medical condition. Are there any camp activities from which the camper should be exempted for health reasons?*

PERMISSION TO SECURE TREATMENT

In the event of any emergency, I authorize Redemption Life Church/RSW to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

Signature of Parent or Guardian Date

X_____

WAIVER & RELEASE FORM

Important Information

Redemption Life Church/RSW is committed to conducting all activities in the safest manner possible and holds the safety of the participants in the highest regard. All Staff have been trained in safety measures and embrace safety as a value. Participants and parents registering their children in activities and programs must recognize that there is an inherent risk of injury when choosing to be involved in some classes of Teruah Camp. Redemption Life Church/RSW strives to reduce all foreseeable risks and insist that all the participants follow safety rules and instructions given which have been designed to protect each participant's safety.

Parents, please review your own health insurance policy for coverage. It must be noted that the absence of health insurance does not make Redemption Life Church/RSW automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

Name of Participant: _____ DOB: _____ Grade entering: _____

THIS FORM IS DUE UPON REGISTRATION: Please read this form carefully and be aware in registering your minor for participation in the program listed, you will be waiving and releasing all claims for injuries you or your minor might sustain from the program.

RELEASE OF LIABILITY & PERMISSION TO SECURE TREATMENT - I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages, or loss regardless of severity which I, or my minor child, may sustain as a result of participating in any and all activities connected with or associated with such programs(s).

- I agree to waive and relinquish all claims I, or my minor child, may have against Redemption Life Church/RSW and it's officers, staff, agents, volunteers, and employees as a result of participation in the program.
- I do hereby fully release and discharge Redemption Life Church/RSW and it's officers, staff, agents, volunteers, and employees from any and all claims from injury, damage, or loss with the activities of the program(s).
- I further agree to indemnify and hold harmless Redemption Life Church/RSW and it's officers, staff, agents, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me, or my minor child, arising out of, connected with, or in any way associated with the activities of the program(s).
- In the event of an emergency, I authorize Redemption Life Church/RSW to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

PHOTOGRAPHY RELEASE

I give permission for my child's picture to be used in publications, newsletters or promotion of Redemption Life Church and Redemption School of Worship.

I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.

Signature of Parent or Guardian Date

X _____

STUDENT TESTIMONY

We would love to hear your story...Please share some of your testimony with us including why you want to attend to Teruah teen camp: (if you filled out online, no need to repeat)

TERUAH CAMP // DRESS CODE - MALES & FEMALES

- Shorts need to be respectable length, we don't want to see your cheeks:) (If you have to ask, don't wear them)
- If wearing leggings, you must wear a LONG SHIRT to cover your hind quarters (modest is hottest)
- Please bring Tennis shoes, Dance shoes and other shoes that can get wet
- No bra straps or other undergarments showing
- Please bring black pants, black socks, black shirt, and black shoes for Friday night showcase at 6:30pm. Showcase will be located at 2109 West Emory Road, Powell, TN 37849 in Life House Coffee Express Drive Thru Parking Lot

Camp Staff reserve the right to ask students to change if they are not in accordance with the dress code.

Location / Housing Information

Teruah Camp is located at Mountain Lake Ranch in Dandridge, TN. (see address below) Students must be dropped off at Redemption Life Church on MONDAY, JULY 12 at 8:30am. PLEASE EAT BREAKFAST BEFORE ARRIVAL. We will be LEAVING RLC at 9AM. ALSO, PLEASE BRING ALL PAPERWORK if not already turned in. STUDENT PICK UP WILL BE FRIDAY, July 16 AFTER OUR SHOWCASE starting at 6:30pm. Showcase located at 2109 West Emory Road in the Life House Coffee Express Drive Thru Parking Lot.

Room Request:

- 1.
- 2.
- 3.

MEALS

Three meals daily will be provided and served at Teruah Camp. We will purchase snacks as well. Your student is welcome to bring snacks as desired.

****Students are responsible for bringing money for dinner Friday night.****

Mountain Lake Ranch

2865 Mountain Lake Ranch Drive

Dandridge, TN 37725

Redemption Life Church

8109 Sharp Road

Powell, TN 37849