

PARKWAY BAPTIST CHURCH

MEN'S FLOAT TRIP | AUGUST 13-15, 2021

WHEN: August 13-15, 2021 (Float on Saturday—August 14)

WHERE: James River State Park, 104 Green Hill Dr., Gladstone, VA 24553

WHO: Men (Fathers, sons*, uncles, etc.) Children must be *completed* first grade or older

I AM SIGNING UP FOR (please check one):

- CAMP & FLOAT (\$25**/person or \$75**/family. Includes breakfast and dinner, no lunch.)
- FLOAT w/DINNER (\$10** per person. Please provide your own lunch, water, snacks)
- FLOAT ONLY (No cost**, Please bring your own lunch, water, snacks)

BRING YOU OWN:

- Boat, float, canoe, kayak, paddles, personal floatation devices, life jackets, sunscreen etc.
- Tent, sleeping bag, desired camping gear, fishing gear, weather-appropriate clothing, etc.
- Lunch, snacks, drinking water, cooler. (Lunch not provided, and there are no stores close by)

CAMP SPOTS ARE LIMITED and will fill on a first-come, first-served basis. To secure your spot, please complete the following form for EACH participant and return forms and payment to the church. The form must be notarized. *Do not sign* until you are in the presence of a notary.

**Children (minors) must be accompanied by parent/guardian or assigned adult for the entirety of the trip.*

*** Parking at the park may cost extra. Please be prepared for the parking fee.*

PARTICIPANT INFO:		
Name	Cell Phone	
Street Address:		
City	State:	Zip Code:
Email:		Date of Birth
Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Are you bringing (minor) children? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name(s) of child(ren) attending: *		Age(s):
<p><i>*Children (minors) must be accompanied by parent/guardian or assigned adult for the entirety of the trip. Parents/Guardians or assigned adults are solely responsible for the safety of their child(ren).</i></p>		

Release Forms

All sections of this form must be completed in order to be eligible to participate in this activity.

Medical Release

Full Name:		
Street Address:		
City:	State:	Zip Code:
Date of Birth:	Age:	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Cell Phone (with Area Code):	Home Phone:	Work Phone:
Email:		
Parent/Guardian Name (if 18 or younger):		School Grade Completed:

EMERGENCY CONTACT INFORMATION

(Please provide Information for individuals who will NOT be traveling on the same project.)

Contact Name:		Relationship to you:
Cell Number (with Area Code):	Alternative Phone Number:	
Contact Name:		Relationship to you:
Cell Number (with Area Code):	Alternative Phone Number:	

INSURANCE INFORMATION

(Please provide a copy of the front and back of your insurance card.)

Name of Insurance Company:		<input type="checkbox"/> I do NOT carry primary medical insurance. <i>(Skip to physician information)</i>
Name of Policy Holder:		
Policy Number:		Relationship to Policy Holder:
Group Number:	Company Phone Number:	

PHYSICIAN INFORMATION

Name of Physician:		Phone Number:
Address:		
City:	State:	Zip:
Date of last Tetanus Immunization <i>(Must be within the past 10 years):</i>		

MEDICAL HISTORY

Generally, my health is: Excellent Good Fair Poor

If Fair or Poor, please explain:

Please list any medical difficulties for which you are currently being treated:

Please list all medications you are currently taking:

Please list all operations/serious injuries you may have had in the last 5 years:

Do you have allergies? No Yes

Please list any medicines, foods, or substances to which you are allergic:

Do you have any special dietary restrictions? No Yes

If yes, please explain:

Have you had any exposure to contagious or infection diseases within the last four weeks?

No Yes

If yes, please explain:

Notarized Forms

NOTE: THE FORMS ON THE FOLLOWING PAGE (Page 4) MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

DO NOT SIGN UNTIL INSTRUCTED BY THE NOTARY.

PLEASE PRINT THE PAGES AND REMIT WITH PAYMENT.

**IF YOU NEED NOTARY ASSISTANCE, PLEASE CALL THE CHURCH OFFICE.
NOTARY SERVICES PROVIDED BY THE OFFICE ARE LIMITED TO CHURCH RELATED ACTIVITIES ONLY.**

Emergency Medical Authorizations and Photo Releases:

Name of Applicant:

- CAMP AND FLOAT**
 FLOAT with Dinner
 FLOAT only

August 13-15, 2021

- Understanding that there is always a possibility that myself/my child(ren) may experience sickness or injury (including, but not limited to, illnesses such as COVID-19), I acknowledge and understand that I am assuming the risk of such physical illness or injury by my participation, and I further release and hold harmless Parkway Baptist Church and its representatives (staff, trip leaders, and/or volunteers) from any claims for personal illness or injury that myself/my child(ren) may sustain during the trip.
- I, the undersigned, do for myself (or on behalf of my child, who is under 18 years of age) give permission for Parkway Baptist Church to refer myself/my child(ren) to a physician, urgent care facility, or hospital to administer medical care if deemed necessary by the Parkway Baptist Church group leaders and/or the physician or hospital staff during the trip.
- I also assume personal responsibility for all medical bills for myself (or my child under 18 years of age) and do certify that I have primary medical insurance (or equivalent) for myself (or my child under 18 years of age).
- Further, should it be necessary for me (or my child under 18 years of age) to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs. My trip cost is non-refundable.
- I do hereby consent and authorize Parkway Baptist Church or any of its representatives to use and/or reproduce photographs, film, video, or other electronic imaging of me (or my child under 18 years of age) and information and relating to my circumstances for present and future media or marketing purposes.
- I waive any right that I may have to approve the photographs, film, video, or other electronic imaging or background copy which may be used, or to approve the use to which it is applied.
- Minor children must be accompanied by a parent, guardian, grandparent, family member above 18, or other assigned adult. If assigned adult must leave the trip for any reason, minor child must leave or have another assigned adult present.

PARTICIPANT SIGNATURE:

DATE:

SIGNATURE OF PARENT/GUARDIAN (If applicant 18 or under):

DATE:

Relationship to Participant:

DATE:

NOTARY PUBLIC

State of _____, County of _____

The forgoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ and _____.

Notary Signature _____

My commission expires _____.