

Urban Camp Dates: July 28 - August 1
Registration and Drop Off: July 28 @ 5:30pm
Celebration Lunch and Pick-up: August 1 @ 12pm
If you have questions, contact Samara Davis at 704-579-1276

URBAN CAMP CHILD REGISTRATION 2026

Child Information

Child's Full Name _____	Age _____
Birthday (M/D/Y) _____	Gender: Male or Female (circle one)
Lives with (check one) : <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____	
Who has legal custody? _____	

School Information

School's Name _____	Grade _____
School Office Phone Number _____	
Teacher's Name _____	
Has your child been held back? Yes or No (circle one) Which grade? _____	
Learning Disabilities (circle one): ADHD, ADD, OCD, Autism, Anxiety, Dyslexia, Other: _____	

Parent/Guardian Information

Name _____	Age _____
Relationship to child (circle one): Mother, Father, Other: _____	
Address _____	Zip Code _____
Cell Phone _____	
<i>*Please use the number where you can be reached from 3:00pm-5:30pm</i>	
Email _____	
Employer _____	Company Phone _____
Church _____	Pastor's Name _____

Parent/Guardian Information

Name_____	Age_____
Relationship to child (circle one): Mother, Father, Other: _____	
Address_____	Zip Code_____
Cell Phone_____	
<i>*Please use the number where you can be reached from 3:00pm-5:30pm</i>	
Email _____	
Employer_____	Company Phone _____
Church_____	Pastor's Name_____

EMERGENCY CONTACT

**Please provide an emergency contact person other than those listed above.*

Name_____
Relationship to child: _____
Cell Phone_____
<i>*Please use the number where you can be reached at any time day or night.</i>

T-shirt size (circle one): Kids S M L XL or Adult S M L

PARTICIPATION AGREEMENT

I, _____, acknowledge that participation in GLAD activities involves risk to my child, _____, (and to myself as the parent or guardian, if my child is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infections or communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in GLAD activities, I acknowledge and accept the risks of injury associated with participation in transportation to and from the activity. I accept personal financial responsibility for any injury or other loss sustained during activity or during transportation to and from the activity, as well as for

any medical treatment rendered to the participant that is authorized by New City Fellowship, its agents, employees, volunteers or any other representatives. Further, I release and promise to indemnify, defend, and hold harmless New City Fellowship for any injury arising directly or indirectly out of GLAD activities or transportation to and from the campus, whether such injury arises out of the negligence of New City Fellowship, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I and New City Fellowship cannot agree upon such a process, the dispute will be submitted to a three member arbitrations panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ **Date:** _____

PHOTO RELEASE

Note: Only sign if you give permission to photograph your child. Leave blank if you do not want them photographed.

I authorize Urban Camp Staff to photograph my child and use those photos for ministry and promotional purposes only.

Signature: _____ **Date:** _____

PERMISSION TO TRAVEL

I hereby give my permission for the child listed above to ride in a New City Fellowship Church van or other approved vehicles to attend Urban Camp 2026. I understand that my children will be under adult supervision. I further understand that in signing this permission slip, I release and hold harmless New City Fellowship, First Presbyterian Church of Chattanooga and Camp Vesper Point. By signing this permission slip, I release and hold harmless its trustees, officers, employees and any volunteers from any liability, past or future, fully and completely. I authorize the staff or designated medical professionals and/or volunteers to administer emergency medical assistance if I cannot be reached.

Signature: _____ **Date:** _____

URBAN CAMP 2026
Medical Information Form

General Information

Full Name: _____
Date of Birth (MM/DD/YYYY): _____ Age: _____
Gender: Male Female
Height: _____
Weight: _____

Emergency Contact Information

Name of Emergency Contact: _____
Relationship to Child: _____
Phone Number: _____

Allergies and Dietary Restrictions

Does your child require an EpiPen? Yes No
If yes, what allergy? _____

Does your child have asthma? Yes No
If yes, do they need an inhaler? Yes No

Other Allergies:

Dietary Restrictions? Yes No
If yes, please specify: _____

Medications and Treatments

Please list all daily medications and treatments (include dosage and time of day):

Do you give permission for your child to receive the following medications?

Medication	Yes	No
Tylenol (Acetaminophen)	<input type="checkbox"/>	<input type="checkbox"/>
Advil (Ibuprofen)	<input type="checkbox"/>	<input type="checkbox"/>
Benadryl (Diphenhydramine)	<input type="checkbox"/>	<input type="checkbox"/>
Antacids (e.g., Tums)	<input type="checkbox"/>	<input type="checkbox"/>
Pepto-Bismol	<input type="checkbox"/>	<input type="checkbox"/>
Decongestant	<input type="checkbox"/>	<input type="checkbox"/>
Cough Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Sudafed	<input type="checkbox"/>	<input type="checkbox"/>
Zyrtec	<input type="checkbox"/>	<input type="checkbox"/>
Allegra	<input type="checkbox"/>	<input type="checkbox"/>
Insect Repellent	<input type="checkbox"/>	<input type="checkbox"/>
Sunburn Spray	<input type="checkbox"/>	<input type="checkbox"/>
Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>

In the event of an emergency, are we allowed to perform treatments necessary for the injury?

Yes No

Please list any other health concerns:

Please list all medications the child will be bringing with them:

Immunizations

Vaccine	Initial on each line if the vaccine is UP-TO-DATE
TB	
Chicken Pox	
Diphtheria, Pertussis, Tetanus, Polio	
Haemophilus Influenza B	
Hepatitis A	
Hepatitis B	
HPV	
IPV/OPV (Inactivated/Oral Polio Vaccine)	
MMR (Measles, Mumps, Rubella)	
PCV (Pneumococcal Conjugate Vaccine)	
Meningococcal Meningitis (MCV4)	

Medical History

Check YES if applicable to your child:	YES
ADD/ADHD	
Asthma/Inhaler	
Bedwetting	
Blackouts/Fainting	
Concussion	
Diabetes	
Ear Infections	
Headaches Hearing Problems	
Heart Problems	
High Blood Pressure	
Homesickness	
Menstrual Cycle	
Motion Sickness	
Nightmares/Terrors	
Seizures	
Skin Problems	
Sleepwalking	
Urinary Tract Infection	
Uses eye glasses or contacts	
Other:	

ACTIVITIES (Please check YES if allowed to participate and NO if they are NOT ALLOWED)

- | | | |
|---|------------------------------|-----------------------------|
| Sports (Volleyball, Soccer, Basketball) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Hiking | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Swimming NO LIFE JACKET | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Swimming with life jacket | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Boat Ride (with life jacket) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Canoe Ride (with life jacket) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Rock Climbing | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Will your child need special assistance?

Yes No

If yes, please explain: _____

Medical Insurance

Is the child covered by health insurance? Yes No

Name of Insurer: _____

Policy or Group #: _____

MEDICAL RELEASE WAIVER

I state and affirm that I am the parent, legal guardian and/or legal custodian of the above-named camper. I understand that there may be elements of risk associated with activities at Camp Vesper Point (hereinafter "CVP"). In consideration of and for being accepted by First Presbyterian Church of Chattanooga, Tennessee (hereinafter "FPCC"), CVP, for myself/ourselves and on behalf of Camper, I give my permission for Camper to participate in all activities at CVP, hereby expressly assume the risk of such activities, and hereby release and agree to indemnify and hold harmless FPCC, CVP, and/or its/their trustee(s), officer(s), employee(s), nurse(s), agent(s), volunteer(s), and/or any and all other individual(s) acting by, for,

or on its/their behalf from any and all liability(ies), demand(s) and/or claim(s) of myself / ourselves and/or Camper for property damage(s), expense(s), personal injury(ies), sickness(es), death, and/or of any other nature and any and all type(s) whatsoever arising from, relating to, and/or in connection with such activities and/or participation in them. The undersigned further hereby agree to hold harmless and indemnify FPCC, CVP, its/their trustee(s), officer(s), employee(s), nurse(s), agent(s), volunteer(s), and/or any and all other individual(s) acting by, for, or on its/their behalf for any liability and/or damages sustained by one, more or all of them as the result of negligent, willful or intentional acts of Camper, including the expenses incurred attendant thereto. I also give my permission for Camper to be photographed and/or video taped as a result of participation in activities at CVP. In the event I cannot be reached in an emergency, I hereby give my permission to FPCC, CVP, and/or its/their trustee(s), officer(s), nurse(s), employee(s), agent(s), volunteer(s), selected physician(s), and/or any and all other individual(s) acting by, for, or on its behalf to authorize and obtain medical treatment recommended by licensed medical professional(s) for Camper which include, but is not necessarily limited to hospitalization, x-ray(s), lab test(s), injection(s), anesthesia, and/or surgery(ies) for Camper, and I/we assume the responsibility of any and all medical bills in connection therewith. I give permission for CVP nurse(s) to provide routine healthcare, administer “over-the-counter” medications to Camper as they deem necessary, and/or such prescription medication(s) left by me/us with CVP for Camper and/or prescribed by the selected physician(s). I hereby further give permission to the above parties and/or individual(s) to authorize the needed transportation via ambulance in case of emergency. I authorize the release of any and all records necessary for treatment and/or insurance purposes, and agree to complete and execute such other document(s) as may be necessary to obtain such release. I acknowledge that Camper is covered by our own family’s insurance and/or that I am financially responsible for any and all medical treatment, including but not necessarily limited to that obtained as authorized above. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs and/or expenses associated with such action. I am the Parent / Legal Guardian / Legal Custodian of Camper. If mine is the only signature appearing on this document, I am authorized to execute this document by and/or on behalf of any other Parent, Legal Guardian and/or Legal Custodian of Camper.

Signature: _____

Date: _____



Camp Vesper Point Liability Release Form

For participation in activities at Camp Vesper Point, I release, forever discharge and agree to hold harmless First Presbyterian Church, its trustees, officers, employees, agents, and any volunteers acting on its behalf, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned that occur while participating in any camp or camp-related activities.

I assume all-risk of personal injury, sickness (including COVID-19), death, damage, and expense as a result of participation in camp or camp-related activities.

I agree to hold harmless and indemnify said church, its trustees, officers, employees, agents, and any volunteers acting on its behalf, for any liability and/or damages sustained by said church as the result of negligent, willful or intentional acts of said participant, including the expenses incurred attendant thereto.

If participant is under 18: I am responsible for this participant, and hereby grant permission for him/her to participate fully in said activities, and hereby give permission to said church, its trustees, officers, employees, agents, and any volunteers acting on its behalf to authorize and obtain emergency medical treatment for this participant. I assume the responsibility of all medical bills, if any.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I assume all transportation costs.

PARTICIPANT SIGNATURE

D A T E

SIGNATURE OF PARENT / LEGAL GUARDIAN IF UNDER 18

D A T E