



## Leadership for Life Weekend

### Registration Form

*The cost for a teen to attend the Leadership for Life Weekend is \$25 each. The link to pay this fee is under the Events Icon at WVforLife.org. The page address is: <https://www.wvforlife.org/events/> Click on the red "Leadership for Life Weekend" banner. Then scroll down and click on "Pay Online."*

*Please submit the following form after having paid for teens to attend the Leadership for Life Weekend.*

Name of Attendee: \_\_\_\_\_

Age: \_\_\_\_\_ Grade \_\_\_\_\_ Sex: Male / Female Phone Number \_\_\_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_

Allergies: \_\_\_\_\_

(Please list more details in the Medical Form)

Mailing Address: \_\_\_\_\_

(Street City State Zip)

In Case of Emergency Contact: \_\_\_\_\_

(Name, Relationship, Phone Number)

Please print and mail this form to:

*Leadership for Life Weekend*

*c/o West Virginians for Life*

*25 Canyon Rd*

*Morgantown, WV 26508*

Thank you!

## West Virginians for Life

WVFL DOES NOT PROVIDE ACCIDENT/HEALTH INSURANCE.

3309 Horseshoe Run Rd, Parsons, WV 26287 (304) 476-9015

Please attach a copy (both sides) of your health insurance card (required by our Doctor's Office).



Please attach a copy (both sides) of your health insurance card (required by our Doctor)

This form and all signatures must be completed in ink.

Today's Date: \_\_\_\_\_ ☐ Staff ☐ Adventure Camp Dates Attending: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Gender: ☐ Male; ☐ Female

(Last First Initial)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Age at camp: \_\_\_\_\_ Birth date: \_\_\_\_\_

1st Parent/Guardian's Name Home Phone Work phone Cell Phone \_\_\_\_\_

2nd Parent/Guardian's Name Home Phone Work phone Cell Phone \_\_\_\_\_

Will custodial parent(s) be away from home during camp week? ☐ Yes (contact camp); ☐ No; ☐ adult participant, (not applicable).

If custodial parent(s)/guardian cannot be reached, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Allergies:** ☐ No known allergies. ☐ This camper is allergic to ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc)

Please describe below what the camper is allergic to and the reaction seen:

---

---

---

**Diet, Nutrition:** ☐ Camper eats a regular diet; ☐ Camper eats a vegetarian diet (describe below); ☐ Camper is Lactose Intolerant

☐ Camper has special food needs Please describe any special needs/restrictions below, we must have Dr. statement:

**Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the camper:

1. Y N Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
2. Y N Ever been treated for emotional or behavioral difficulties or an eating disorder?
3. Y N During the past 12 months, seen a professional to address mental/emotional health concerns?
4. Y N Had a significant life event that continues to affect the camper's life? (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others?)

**General Health History Explain "Yes" answers below:**

Y N Ear Infections?; Frequency: \_\_\_\_\_ Y N Skin Problems? Y N Seizures?

Y N Recurrent/chronic illnesses? Y N Diabetes? Y N Asthma?: \_\_\_\_\_ inhaler?; \_\_\_\_\_ Nebulizer? Y N Problems with Diarrhea/constipation?

Y N Sleepwalking/sleep concerns? Y N Bedwetting?

Y N Recent injury? Y N Ever been hospitalized? Y N Headaches/Migraines?; Frequency: \_\_\_\_\_ Y N Fears/Phobias? \_\_\_\_\_ Y N

Had surgery? \_\_\_\_\_ Y N Recent infectious disease? Y N Any current health conditions? \_\_\_\_\_

Y N Wear glasses or contacts? Y N Any hearing, cognitive, musculo-skeletal, neurological impairments: \_\_\_\_\_

I have reviewed the program and activities of the camp and feel the camper can participate ☐ without restriction; ☐ with restriction. **Comment**

Last Name, First Name: \_\_\_\_\_

**Prescription Medications** (*must be in the original container from the pharmacy. Bring only enough for camp stay. All medication, including over the counter, vitamins and natural remedies must be checked into the health center.*)

**Attach additional page as needed:** ☐ **Takes no medications on routine basis** Name(s) of medications:

\_\_\_\_\_ Dosages given: \_\_\_\_\_  
\_\_\_\_\_ Times to be given  
(usually given at breakfast, lunch, 4:00, dinner or bedtime): \_\_\_\_\_ Duration of  
treatment: \_\_\_\_\_ Reason for  
taking: \_\_\_\_\_ Any other  
medications child takes during the school year, but not used for camp? (list) \_\_\_\_\_

**Nonprescription Medications (must be in original container)** ☐ **Takes no medications on routine basis** Nonprescription taken now:

\_\_\_\_\_ Dosage, specific times taken  
each day: \_\_\_\_\_ Reason for taking & any  
special instructions (attach additional sheet as needed): \_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance Information:**

Camper is covered by family medical/hospital insurance or medical card? ☐ \*yes; ☐ no **\*If yes, you MUST INCLUDE a copy (both sides) of the most recent insurance/medical card. Please attach it to this form.**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Subscriber Name (Policy Holder) \_\_\_\_\_ Insurance Company Phone Number \_\_\_\_\_

**West Virginians for Life DOES NOT PROVIDE ACCIDENT/HEALTH INSURANCE.**  
**Please attach a copy (both sides) of your health insurance card (required by our Doctor's Office).**

☐ **IMPORTANT—THIS BOX MUST BE COMPLETED FOR ATTENDANCE** ☐

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_

Give the West Virginians for Life staff permission to:

1. Dispense \_\_\_\_\_ Ibuprofen (Advil) , \_\_\_\_\_ Acetaminophen (Tylenol), \_\_\_\_\_ Naproxen (Advil), \_\_\_\_\_ Generic Cough DM,  
\_\_\_\_\_ Mucus Relief (Mucinex), \_\_\_\_\_ Nasal Decongestant (Sudafed PE), \_\_\_\_\_ Anti-Diarrheal (Imodium), \_\_\_\_\_ Pink Bismuth  
(Pepto Bismol), \_\_\_\_\_ Itch Cream (Benadryl), or \_\_\_\_\_ Allergy Relief (Benadryl) to camper (check preference). Dosage:

- \_\_\_\_\_
2. Dispense medication(s) brought to Camp by parent/guardian or prescribed by a physician while in attendance.
  3. Without limitation, or obligation, any and all media, including photographs, film footage, or tape recordings, which may include my or my child's image or voice for purposes of art, advertising, education, or promotion, or for any other purpose consistent with the West Virginians for Life, and release the camp from any claim or liability to that use. The images become the exclusive property of the West Virginians for Life camp. I waive all rights to inspect &/or approve any text that may be used in conjunction with the media and the use to which it may be applied.
  4. Agree to hold harmless the West Virginians for Life, its agents, and employees for all claims alleging bodily injury or property damage occurring while the undersigned is a participant at a West Virginians for Life sponsored activity on or off the West Virginians for Life Youth Camp premises.
  5. Give permission for the West Virginians for Life to transport the camper as needed.
  6. Give permission, as necessary, to search a camper's belongings when the health, well-being, or safety of the camper or others require it.

I support my child's application and participation in this program at the West Virginians for Life . I certify that my child is amenable to discipline and is free from habits or attitudes that would make him/her an undesirable camper.

**Permission to Provide Necessary Treatment or Emergency Care:** This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the staff about my child's health status.



## Photo Release Form

**25 Canyon Rd,  
Morgantown, WV 26508**

I, \_\_\_\_\_, hereby release and assign to West Virginians for Life all rights to the videotape, sound recordings, and/or photographs on the date of 8-25-2023 through 8-27-2023 by the West Virginians for Life and their volunteers.

I hereby authorize reproductions, sales, copyright, exhibition, broadcast and/or distribution of said videotape, sound recordings, and/or photographs without limitation for general religious and promotional purposes of the Diocese of Wheeling-Charleston.

I hereby release, individually, West Virginians for Life, its agents and employees from any and all claims, damages, liabilities, costs and expenses which I now have or may hereafter have arising out of the making or use of such videotape, sound recordings, and/or photographs.

I understand that I may withdraw this authorization in writing at any time. I am aware that I have the right to refuse to sign this consent. Refusing to sign this consent will in no way affect the scholastic or extracurricular services my child receives.

Signed \_\_\_\_\_

Address \_\_\_\_\_

Date: \_\_\_\_\_