

Texico AYC – Consent Form 2026

CHILD PRINTED NAME: _____ **CONSENT AND CERTIFICATION**

I, the undersigned, being the parent/guardian of the child named above (child), do hereby consent to the participation of my child in all of the scheduled activities during the Texico District AYC for the year 2026, and any other activities customarily associated with this camp. Further, I certify that my child is physically fit and adequately prepared to participate in all outdoor/indoor events (unless otherwise noted in medical information). If my child is involved in any destructive behavior or vandalism, I understand that my child and I will be financially responsible for their actions.

MEDICAL TREATMENT AUTHORIZATION.

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize any one or more of the following persons to make emergency medical care decisions on behalf of my child if required by law or a health care provider. **I, (the parent) _____, understand that Texico District UPC will not be responsible for medical expenses incurred solely on the basis of this authorization.** I agree to notify the Camp in the event of any health changes that would restrict my child’s participation in any normal camp activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

REFUND POLICY Due to the upfront costs of supplies, fees, and more, all registrations are non-refundable.

* NOTE: Every application must have the following three signatures in order to be processed. I will abide by Camp rules and dress code (below), and be respectful, courteous and cooperative at all times!

1. CHILD SIGNATURE _____ **DATE** _____

I have reviewed the above information, including specifically the Consent and Certification and Medical Treatment Authorization sections. I do hereby grant authorizations as requested.

2. PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

By my signature, I am approving this camper for attendance at the Youth Camp/Conference.

3. PASTOR SIGNATURE _____ **DATE** _____

*****Each Camper must bring the completed form to Registration*****