

# CAM- Community Action Ministries, Inc.

P O Box 1674, Norman OK 73070

**\*This will be valid for all activities during May 2011- May 2012.**

## Parental Consent Form

Youth Information (Please Print)

Date\_\_\_\_\_

1)

\_\_\_\_\_  
Last name First name Middle initial

\_\_\_\_\_  
Age DOB (month/day/year) Gender (M/F)

\_\_\_\_\_  
Personal cell phone E-mail address

\_\_\_\_\_  
School attending Grade in/just completed

2)

\_\_\_\_\_  
Last name First name Middle initial

\_\_\_\_\_  
Age DOB (month/day/year) Gender (M/F)

\_\_\_\_\_  
Personal cell phone E-mail address

\_\_\_\_\_  
School attending Grade in/just completed

**If you have more than two youth participating in this event, attach the other children's information on another piece of paper.**

\_\_\_\_\_  
Home address Apt # City State Zip code

**Church attending**

## Parent/Guardian Information

Father/Guardian: \_\_\_\_\_ Mother/Guardian\_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell/pager: \_\_\_\_\_ Cell/pager: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

e-mail: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Please Read Carefully—Release Must be Signed by a parents/guardians for monthly activities. Release Must be Signed by both parents/guardians AND Notarized for Summer CAMps and overnight activities.**

My (son/daughter), \_\_\_\_\_(name(s), wishes to participate in activities sponsored by Community Action Ministries, Inc. I wish to allow my (son/daughter) to participate in these activities, and I understand that some of the activities could involve a degree of risk and participation in the activities may result in my child needing medical or dental care and treatment. In view of the fact that Community Action Ministries is an organization in which participation is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my (son/daughter), I have given my (son/daughter) \_\_\_\_\_ (names) my consent to participate in the activities sponsored by Community Action Ministries during the period from **May 15, 2011 to May 14, 2012.**

Does the participant(s) have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? \_\_\_Yes \_\_\_No (Please include any prescription medication(s) and dosage.) If Yes, please state issues:

\_\_\_\_\_  
(Use another sheet of paper if necessary)

\*\* Should the need arise, do you give permission for your son/daughter to receive **over the counter medication**? \_\_\_Yes \_\_\_No Be sure to list any allergies above.

If you wish family doctor contacted in case of an emergency (conditions and situation allowing):

**Doctor's name** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

Therefore,

**1. In consideration of permission for the participant(s) to participate in said events, I hereby give my consent for my son/daughter to participate in the following activities (initial the activities you are giving consent to participate in):**

- \_\_\_\_\_ summer mission camps,
- \_\_\_\_\_ monthly community service projects/ monthly CAM meetings
- \_\_\_\_\_ conferences/seminars/ retreats

I, \_\_\_\_\_(Parents'/Guardians' name), being of legal age, authorize Community Action Ministries, or any agent of CAM, to act in (my child's/children's, myself's) behalf, should I be unable to do so, and to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the laws in the State of Oklahoma, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

**2. The consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in the participant(s)' behalf.**

3. Any consent by Community Action Ministries, Inc, or agent of CAM, shall have the same force and effect as if I had personally given consent. In case of an emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached please contact:

Full name: \_\_\_\_\_ Phone # \_\_\_\_\_

4. Health insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that I have personal health insurance with:

Company	Policy #	Exp. Date
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Your insurance will be the coverage provider for the participant(s) during the duration for the said event. I understand that no health plan is provided by Community Action Ministries, Inc.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to aforementioned child/children, self pursuant to this authorization.

Should it be necessary for the participant(s) to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

**Transportation:**

The undersigned does also hereby give permission for the participant(s) to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Community Action Ministries, Inc.

**Press Release:**

Participants may be videotaped and /or photographed. Would you be willing to allow us the privilege of using your photo/video of CAM events through rebroadcast via television, radio, U-tube or through our website at [cam-inc.net](http://cam-inc.net)? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Exclusions and Limitations:**

I, the undersign, understand that there is No illegal drugs, tobacco products, or weapons of any kind allowed at any CAM event.

I also understand that cell phones are allowed on a limited basis. CAM will not be held liable for any lost or stolen items.

# Waiver of Liability and Disclaimer

I, the parent/guardian of the above named individual(s), acknowledge that generally the individuals who administer the programs of Community Action Ministries, Inc, volunteer their time and are not paid professionals. In consideration for allowing participant(s) and permitting the voluntary participation of said participant(s) in its programs, I hereby agree to indemnify, release, discharge and hold harmless, Community Action Ministries, Inc., its employees, volunteers, Board of Directors, and other representatives from claims arising out of or relating to any physical injury, including death, as well as all property damage or loss that may result to said participant(s) while participating in any CAM, Inc. event. ***This form must be signed by the Participant and both Parents/Guardians. (This form must be notarized for CAMps and any activities or events requiring overnight participation.)***

1. \_\_\_\_\_  
Participant's signature Date

2. \_\_\_\_\_  
Participant's signature Date

\_\_\_\_\_  
Mother's signature Date

\_\_\_\_\_  
Date Father's signature

\_\_\_\_\_  
signature Date Legal guardian's

Subscribed and sworn to me this \_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

Notary Seal Here

For more information, please contact:  
Director Donna Hooper  
Home: (405)329-8041  
Cell: (405)887-1787  
[cam-inc@cox.net](mailto:cam-inc@cox.net)

Mail form to:  
CAM  
P O Box 1674, Norman OK 73070

## **CAM's goal is three fold:**

1. The first goal is outward- We are teaching young people what Matthew 25: 34-40 and Phil 2:3-5 &14 means. We want people to learn to apply the gospel. Besides blessing the community with our hands, God has given participants many opportunities to share the truth about Christ. We strive to teach people the importance of reaching out to others to meet their needs. Once a need is met then the door to minister will be opened. It might not be CAM participants that will get to give the Gospel message, but if we are there working in the name of Christ, then those that we are helping will be likely to turn to Christians when they are in a crises.

Over the years we have began to realize that there is much more ministry going on within the group. We have seen many personal decisions made for Christ. There have been several young people that have participated in a camp come to know Jesus as their personal Lord and Savior. There was also a 96 year old hospice patient that was led to the Lord during one of the camps. The youth could see that by v volunteering to clean this man's yard, it softened his heart to accept Jesus!

2. Another goal is to teach young people how to step up to leadership roles and to find their God given talents and start using them. The devotions are led by youth. We have a Youth Advisory Council (YAC), which helps behind the scene preparing for the camps, monthly meetings and getting the quarterly newsletter out.
3. A third goal which is an inward goal, is to bring unity to the Body of Christ. Through CAM we are seeing the body of Christ coming together to accomplish His work. We've had over 32 different churches represented through the participants. There have been between 150-200 participants come through the program each year. God never ceases to amaze us. One of the highest compliment that we've heard from the participants is "There is no clicks here. Everyone feels accepted, no matter what social, economical, mental, or physical background you come from." A great example of unity was at the Spring Break 2002 CAMp. We had 4 youth pastors bring in a group from their church to work with us, so we had 60 participants at that camp.

**Youth Advisory Council- If you are interested in joining the YAC leadership team, please contact Donna at 405-329-8041 or cam-inc@cox.net.**

# Let the choices you make today, be consequences you can live with tomorrow.

Remember whom we are representing at ALL times- CHRIST!

## A few rules for the once a month activities & the CAMps:

1. We are on a local mission, not a hunt for a boy/girl friend. No PDA will be tolerated.
2. No weapons, including pocketknives ( If you brought one, please give to Donna for safekeeping.)
3. No drinking or drugs, including tobacco of any kind.
4. Please keep things picked up--- Be responsible!
5. Dress modestly. Girls please be sure when you bend over no cleavage shows; boys no one wants to know what color your undies are- keep those pants pulled up, please.
6. Our goal is to leave the site better than what we find it. Have a servant's heart—like Christ.

## A few rules more rules & regulations for the CAMps

1. All meetings are mandatory.
2. If a need for counseling should arise, it will need to take place before or after the programs, not during. Participants have the freedom to share/ pray with individuals during worship time.
3. There will be limitation of church grounds (where we can go, phone usage, bathrooms, eating place, etc... that will be clarified the first night of the CAMp.)
4. No boys in the girls sleeping area, or girls in the boys sleep area.
5. All scheduled times, including lights out, NO MORE TALKING, are to be followed. This is one way of showing respect for your leaders.
6. All participants should come to the morning session ready to depart for their work projects.
7. Everyone will have kitchen duty.
8. Lunch order forms- If you are not there on Wed. evening to fill out the lunch form for all three days, it will be your responsibility to let Donna know if you will need a lunch the following day.
9. Because the church host is allowing us the use of their facility, we want to go above and beyond taking care of the facility. We will take care of church property: don't stand on pool tables, flushing stools, pick-up trash, wipe down sink area, clean-up spills of any kind, no banging doors into walls, etc.. If there is an accident and something is broken, please let the leadership know so that we may fix or replace the item/s.
10. Snacks are not allowed in sleeping quarters or on vans- only in food area- (Please do not eat it unless you brought it, or received permission from owner.)
11. The church or CAM is not responsible for any lost or stolen items during any part of the camp.

**I have read the rules that CAM expects me to follow and agree that I will obey them.**

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**Signature of participant**

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**date**

Parents, please know that if your child does not follow these rules, you will be asked to come pick them up.

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**Parent Signature**

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**date**

**To the Parents/legal guardian of participants:**

Community Action Ministries assumes no financial responsibility for medical cost of an accident occurring to a participant while participating in any CAM event. An accident insurance program is offered for your convenience. Neither CAM, Inc nor any agent of CAM, Inc is compensated by the Insurance Company.

Please see the form, at the end of this application, for more details concerning the purchase of this accident insurance. **For assistance in purchasing insurance, please contact** Gallagher Charitable International Insurance Services **at 1-800-922-8438 and ask for the volunteer department.** If you chose to purchase this insurance you will need to send your information by mail no later that 12 days before the event, or if you go on line, you can purchase it 2 days before the events.

This form is to acknowledge that I have received information regarding policy pertaining to accident injury and student accident insurance and:

**will purchase the insurance for the following dates:**\_\_\_\_\_

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Date

.....  
OR

**We have adequate Insurance and do not wish to participate.**

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student Name ( Print)

\_\_\_\_\_  
Date

**If you desire to purchase Insurance continue on- if not you are done. You do not need to copy the next 5 pages.**

Dear Parents/ Guardians,

The information below is for those that wish to purchase insurance for the different CAM events. **This is an option.**

Please note:

- A Summary of Coverage's is attached for your review.
- **Name, Date of Birth, and Beneficiary** are required for each Participant.
- Completed enrollment forms and payment are required prior to event dates.
- A Confirmation of Coverage and ID Card will be sent by e-mail upon enrollment.
- You may access the online enrollment form [https://www.aaintl.com/client\\_app/login.cfm](https://www.aaintl.com/client_app/login.cfm) with the following login. Username: **travel** Password: **go**
- Select "**USA Volunteer Program**" then select "**USA and Canada Mission Coverage Enrollment Forms**" to access the enrollment form.
- Check payments should be noted with the enrollment number or accompanied by a copy of the Confirmation.
- Credit card (Visa, MasterCard, American Express) payments may be processed through the online form at time of enrollment or by our online payment form: [https://www.aaintl.com/form\\_payments.cfm](https://www.aaintl.com/form_payments.cfm)
- To utilize the online payment form you will need the policy number, enrollment number, and premium amount from your Confirmation page. A handling fee may be added to website payments.
- Paper enrollment forms are available upon request and may be submitted by mail or fax.

Our Client Service staff is available from 8:30 – 5:00 EST to answer questions regarding the insurance program or the enrollment procedure. Please be aware that we often experience heavy phone volume. In the event that no one is immediately available to take your call, please leave a voice mail message and your call will be returned as promptly as possible. Most calls are returned the same day.

Due to corporate underwriting and security guidelines, we are not permitted to complete enrollments or process payments over the telephone. We appreciate your understanding.

Please contact us with any additional questions or concerns. We appreciate the opportunity to serve you, and hope that your mission exceeds your expectations!

Thanks,  
Lindsay Ross

Lindsay Ross  
Account Manager - Personal Property Lines

### Gallagher Charitable International Insurance Services

P O Box 5845 - Columbia SC 29250-5845

Tel: 803-758-1400 Fax: 803-252-1988

Email: [lindsay\\_ross@ajg.com](mailto:lindsay_ross@ajg.com) - Web: [www.aaintl.com](http://www.aaintl.com)

[Visit us on Facebook](#)

Please be aware that Insurance Coverage cannot be bound, altered, or cancelled without verbal or written acknowledgement from an associate.

This correspondence is subject to a confidentiality statement. For details go to this link... <http://www.aaintl.com/confidentiality.cfm>.

# Travel Accident Insurance Benefits Volunteers on Mission in the USA and Canada

*Travel Accident Insurance for Groups Performing Mission Activities within the USA and Canada.*

## Coverages

Basic Travel Insurance at a competitive cost for the following Volunteers Ages 10 and Over:

1. Short Term (serving 30 days or less)
2. Long Term (serving 30 days or more)

**The Accidental Death & Dismemberment Benefit for those Under Age 10 and Age 70+ is: \$10,000.**

**The Permanent Disability Benefit is not applicable to those under age 10 and Age 70+.**

Insurance becomes effective for each eligible person on the date a completed enrollment form is received by the company and is provided for covered activities only. Coverage terminates on the earlier of the termination date of the Policy or the date the person ceases to be eligible.

### **Accidental Death and Dismemberment Benefit and Paralysis Benefit**

If Injury to the Insured Person shall result in one of the following losses within 365 days from the date of covered accident, the Company will pay the percentage of the Principal Sum specified below:

Loss of:	Percent of Principal Sum	Plan "A"	PLAN "B"
Life.....		100%	100%
Two Hands, Two Feet or the Sight of Both Eyes .....		100%	100%
One Hand and One Foot.....		100%	100%
One Hand and the Sight of One Eye.....		100%	100%
One Foot and the Sight of One Eye.....		100%	100%
One Hand, One Foot or the Sight of One Eye .....		50%	50%
Thumb and Index Finger .....		25%	25%
Quadriplegia.....		300%	100%
Paraplegia.....		200%	75%
Hemiplegia.....		100%	50%

"Loss" shall mean, with reference to hand or foot, complete severance through or above the wrist or ankle joint; with reference to sight of any eye, the entire and irrecoverable loss of sight thereof; with reference to thumb or index finger, severance through or above the metacarpophalangeal joint; with reference to quadriplegia, the complete and irreversible paralysis of both upper and lower limbs; with regard to paraplegia, the complete and irreversible paralysis of both lower limbs; and with regard to hemiplegia, the complete and irreversible paralysis of upper and lower limbs on one side of the body. If more than one of such specified losses shall result from the same accident, only one amount, largest, shall be paid.

### **Permanent Total Disability Benefit**

When as the result of Injury an commencing within 90 days of the date of accident and Insured Person in totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he is reasonably qualified by reason of his education, training or experience, the Company will pay, provided such disability has continued for a period of twelve consecutive months and is total, continuous and permanent at the end of this period, the Principle Sum less any amount paid under the Accidental Dismemberment Indemnity coverage as a result of the same accident, at a rate of one percent per month for 100 months.

### **Accidental Medical Expense Benefit**

If Injury to the Insured Person shall required treatment by a physician, the Company will pay the Usual and Reasonable covered expenses actually incurred after the satisfaction of the deductible for such services, treatment or supplies up to the maximum amount, provided the first expense is incurred within 30 days of the accident causing Injury. The expenses must be incurred within 52 consecutive weeks after the date of accident.

- There is a SICKNESS sublimit of \$2,500. provided under OPTION "A" only.
- There is a EMERGENCY TRANSPORTATION benefit of \$25,000. provided under Option "A" only.

**Medical & Transportation Benefits are payable only in EXCESS of any expenses payable by other valid and collectible insurance. Benefits CAN NOT be combined and will not exceed the limits outlined under any circumstance.**

Services must be approved by the attending physician and include but are not limited to the following: charges for semi-private hospital room and board, use of the operating room, emergency room, and Ambulatory Medical Center; fees of Physicians; Medical Expenses, in or out of the Hospital, including lab tests, prescription medicines, anesthetics, artificial limbs or eyes, ambulance service, therapeutics, transfusions, x-rays, and prosthetic appliances; and charges for registered nurse.

The Aggregate Limit of Indemnity of \$1,000,000 shall be the total limit of the Company's liability for all indemnities payable with respect to all Insured Persons arising out of Injury sustained by two or more Insured Persons as the result of any one accident.

<b>Principal Sum:</b>		
Accidental Death and Dismemberment .....	\$100,000	\$100,000
Accidental Medical Expense		
Maximum Amount .....	\$10,000	\$10,000
Sickness Medical Expense		
Maximum Amount.....	\$2,500	n/a
Deductible per occurrence (both Accident or Sickness).....	\$50	\$50
Emergency Transportation Expense Reimbursement .....	\$25,000	n/a
Cost per day of Service .....	\$0.88	\$0.51

## Exclusions

Policy does not cover any loss, fatal or non-fatal, incurred for or resulting from the following: Suicide or any attempt thereof while sane or self destruction or any attempt while insane; Infections except pyrogenic infections caused wholly by a covered Injury; War or any act of war, or accident occurring while in the military, naval or air service of any country; Accident occurring while the Insured Person is operating, or learning to operate, or performing the duties as a member of the crew of any aircraft; Dental treatment except as a result of Injury to sound natural teeth; Replacement of eyeglasses or eye examinations for the correction of vision or fitting of glasses unless Injury has caused impairment of sight; Injury for which the Insured Person is entitled to benefits under any Workers' Compensation Act or Law or any similar legislation; Hernia of any kind; Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

## **Definitions**

"Injury" shall mean bodily Injury caused by an accident and occurring while the Policy is in force as to the person whose Injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the Policy

This is a summary of coverage only. For exact details, please refer to policy SRG 904-7204 on file with the policyholder. Coverages are underwritten by AIG Life Insurance Company and are not available in all states. If there is any conflict between the provisions of this summary and those of the master policy, the provisions of the master policy will govern at all times.

## Enrollment Procedure

The enrollment form should be completed fully by the group leader, travel agent or individual and the original copy returned with your premium to Adams & Associates International. We suggest that this enrollment be completed well in advance of your term of service.

Enrollments can be done via the Web: [www.aaintl.com](http://www.aaintl.com) USER ID: **TRAVEL** PASSWORD: **GO** (not case sensitive)

## Claims

In the event of a claim contact the GCIIS Claims Department for applicable claim forms.

Please complete Accident Claim Report and attach bills or other information. Sign the form and have the physician's statement completed. On any accident medical expense claims indicate your policy number, employer's name, and insurance carrier's name, claims office address and phone number. Remember that the accident medical expense coverage is excess of other insurance you may have.

When writing or calling us about a claim, please identify yourself as a USA/Canada Volunteer and identify the city and state of both your home and mission, sponsoring group, and dates of your particular mission so that we may promptly identify you and confirm your coverage.

**All claims should be reported promptly to:**


**Gallagher Charitable**  
 International Insurance Services  
 PO Box 5845  
 Columbia, SC 29250-5845  
 Tel: (803) 758-1400 Fax: (803) 252-1988  
 E-Mail: [aaiclaims@ajg.com](mailto:aaiclaims@ajg.com) Internet: [www.aaintl.com](http://www.aaintl.com)

# Travel Accident Insurance Benefits Volunteers on Mission in the USA and Canada

## *USA Enrollment*

Please make photo copies of this  
the WEB: [www.aaintl.com](http://www.aaintl.com)  
form for use on future mission trips.  
Password: **GO**

Enrollments can be done via

USER ID: **Travel &**

### Please Print

Name:		Date of Birth:	
Address:			
City:		State:	
Phone:		Fax:	E-Mail:
Location of Project:	Nature of Project:		Sponsoring Church:
Expected Date of Departure from Home:			
Expected Date of Arrival Back Home:			

Zip:

Please note, this is not a major medical policy. Major Medical Coverage is available for individuals and groups on short-term and long-term volunteer missionary assignments. If this is a need specific to your group, please contact us for details.

### Premium Computation Calculate Premium

### Select Plan and

Number of Persons	<b>X</b>	Number of Days	<b>=</b>	Number of Person Days
_____		_____		_____

	Number of Person Days		Plan		Premium
Plan A	_____ <b>X</b>	.88	<b>=</b>	_____	
Plan B	_____ <b>X</b>	.51	<b>=</b>	_____	

### List of Persons or Attach List

	Name Beneficiary	Date of Birth	
1.			
2.			
3.			
4.			
5.			

If several persons are participating in a single project, but for different dates of service, please list these persons showing their dates separately, married couples traveling together should list both husband and wife. Travel agents or Group Leaders may attach roster in lieu of completing this list. Coverage is provided

under an AIG Master Policy SRG 904-7204. By enrolling for coverage you agree to participate in the Trust this policy is issued to. Copies of the Master Policy and Trust Agreement are available upon request.

Make checks payable to Gallagher Charitable International Insurance Services formerly Adams & Associates International and submit with the above information. Regardless of how you enroll for coverage, an e-mail confirmation of coverage will be sent. This will be your receipt. Mail confirmations will be sent upon request.

Please advise Gallagher Charitable International Insurance Services of any changes in travel plans. Also, in the event of a claim, notify Gallagher Charitable International Insurance Services immediately per the claim instructions.

**E-Mail, Mail or Fax to:**



PO Box 5845 - Columbia, SC 29250-5845  
Tel: (803) 758-1400 / 800-922-8438 Fax: (803) 252-1988  
E-Mail: [aai@aig.com](mailto:aai@aig.com) Internet: [www.aaintl.com](http://www.aaintl.com)