

Renew Summer Camp Registration Form

<http://www.springlakebaptistcamp.org/>

☐ Senior Camp (Grades 7-12) – Monday, July 23rd to Friday, July 27th

☐ Junior Camp (Grades 3-6) - Monday, July 23rd to Friday, July 27th

The camp cost is \$150 for all who pre-register. Pre-registration will end 48 hours before camp begins. All registrations from 48 hours before camp begins until the day of camp will be \$175.

PERSONAL INFORMATION:

Today's Date _____ Camper's Full Name _____

Age _____ Grade Entering _____ Male _____ Female _____ T-shirt Size _____

Full Address _____

Parent/Guardian Name(s) _____

Child Cell Phone _____ Home Phone _____

Parent Cell Phone _____ Parent Cell Phone _____

E-Mail Addresses _____

Who referred you to camp (if anyone)? _____

I give my consent for Renew Community Church event and trip sponsors to administer various medicines. Also authority is hereby granted to Renew Community Church event and trip sponsors to (1) release a copy of this health record to a medical doctor in the case of emergency and (2) place my child in the care of a legally qualified physician, surgeon, dentist, hospital, and/or designated professional when in their opinion it is necessary or best.

I further hereby authorize any legally qualified physician/surgeon/hospitals to perform and/or furnish emergency medical treatment, surgery, medicine, equipment and services as, in their opinion, may be required.

I hereby release Renew Community Church, its sponsors, staff, leaders, or representatives from any and all liabilities of any kind and nature arising out of or in connection with the placing of said physician/surgeon/hospital, and I hereby agree to pay the reasonable costs of such treatment, surgery, medicine, equipment and services so provided.

Y N Renew Community Church has permission to photograph/video my child for the purpose of posting to the Facebook page/post in youth room/make videos for Renew Community Church.

Y N My child has permission to travel with adults approved by Renew Community Church both locally and out of state, if necessary.

BAPTISM POLICY: Should your child desire to be baptized while at camp, we will contact you first.

**By signing below, you acknowledge that you have read, fully understand, and agree to abide by the things outlined here. This registration form does not include all of the rules of the camp; it is a highlight of the expectations. By signing below, you further agree to allow images and video be used for future marketing or publications for this campground.*

_____ (parent signature) _____ (date)

_____ (parent printed name)

Mandatory Form #1

RENEW SUMMER CAMP 2018 INTERNAL USE ONLY: CAMPER CABIN/Bunk:

**Re:new Summer Camp
HEALTH AND INSURANCE
(Please PRINT in ink)**

Camper's Full Name _____ M F Age _____ Birth Date _____

Camp Session: (check) Junior Senior

Parent(s)/Guardian(s) names _____ Phone 1: _____ Phone 2: _____

Additional Contact Person name _____ Phone 1: _____ Phone 2: _____

Health Insurance Information for Camper:

Family Physician _____ Phone _____

Name of Health Insurance _____ Policy/Group Number _____

Insurance Contact number _____ Insurance Address _____

Health History for Camper: (check if applies)

- | | | |
|---|---|--|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> ADD/ADHD/Behavior Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding/Clotting Disorder |
| <input type="checkbox"/> Hearing Disorder | <input type="checkbox"/> Vision Disorder | <input type="checkbox"/> Muscle/Bone Disorder |
| <input type="checkbox"/> Asthma/Lung Disorder | <input type="checkbox"/> Skin Disorder | <input type="checkbox"/> Kidney/Bladder/Bed-wetting Problems |
| <input type="checkbox"/> Anxiety/Depression/Bipolar | <input type="checkbox"/> Other | |

For areas checked above, please explain details here: _____

List camper's allergies (food, medication, environmental, etc) along with reaction: _____

Does camper have any activity limitations? No _____ If so, please explain restrictions: _____

List of current medications for camper (PLEASE NOTE: All medications must be sent with camper in original labeled container and will be dispensed by Camp Nurse.): _____

Occasionally, a camper may need an over-the-counter medication for simple health problem that may arise at camp.

Please check which of the following medications you **WILL ALLOW** your child to take at camp if needed:

- Cold/Cough Medicine Swim Ear drops Antacid tablet Tylenol Benadryl
 Milk of Magnesia (for constipation) Topical medications (ex: for bug bites, scrapes, poison ivy, etc.)
 Immodium (for diarrhea)

PLEASE READ AND SIGN: I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. In the event of injury or illness, I hereby grant the camp, it's staff, agents or representatives authority to furnish medical care and/or to choose any health care facility which it deems proper to provide emergency medical treatment. I also agree to pay for any necessary medical care for treatment of already existing conditions such as asthma, seizures, etc. I also agree that Bradley Christian Service Camp and its staff, agents, or representatives shall not be responsible for injuries or illnesses occurring while the above camper is on the campground, utilizing camp facilities and equipment, or under the control of camp staff at any time including injuries sustained while in transit to and from camp. I also hereby grant permission for Bradley Christian Service Camp to use camper's photograph and/or video for the purpose of publications, promotions, or any other prudent use deemed necessary.

SIGNATURE of PARENT/GUARDIAN _____ DATE _____



Transportation Application Summer Camp 2018

Applicant Information

*1 per child
Student Full Name: _____ Grade _____
 Address: _____

 Parent Phone: _____ Parent Email: _____

My child(ren) needs transportation to (check all that apply): To Summer Camp From Summer Camp

Transportation Need

Please explain why your family needs the bus ministry to provide transportation to your child(ren):

Emergency Contact

Please list two emergency contacts in the event that the parent is unavailable during an emergency.

Full Name: _____ Relationship: _____
 Phone: _____
 Address: _____

 Full Name: _____ Relationship: _____
 Phone: _____
 Address: _____

Food Allergies & Medical Conditions

Please list any allergies or medical conditions you or your child has:

Disclaimer and Signature

I hereby relieve Renew Community Church and its assignees from any and all liability associated with the ministry of transportation.

Signature: _____ Date: _____
 Print Name: _____

*MUST be *legal guardian* if the bus rider is a minor.

Agreement to Participate and Release Regarding Swimming, Pool, or Open Water Activities

I am aware participating in swimming, pool, or open water activities (“this activity”) can be dangerous and involves **MANY RISKS OF INJURY**. I understand that the dangers of participating in this activity include drowning and that the use of a life jacket may reduce the risk of drowning. I understand that the dangers of participating in this activity may result not only in serious injury or death but also in a serious impairment of future abilities to earn a living; engage in other business, social, and recreational activities; and to generally enjoy life.

Because of the dangers of participation in this activity, I recognize the importance of following the rules and regulations established by Renew Community Church and/or church and camp officials. I agree that my child will obey such instructions.

I acknowledge that my child is in good physical condition and I do not know of any reason that my child cannot participate in this activity. I agree to inform Renew Community Church if my child’s physical condition changes.

I recognize and acknowledge that Renew Community Church does NOT carry special health insurance that would provide such special insurance coverage for my child in the event my child should sustain an injury while participating in this activity.

I understand the risks involved in this activity and I voluntarily consent to my child’s participation. By my signature below, I hereby recognize and assume all risks associated with participating in this activity and agree to hold Renew Community Church along with its employees, agents, representatives, vendors, and volunteers harmless from all obligations, liabilities, claims, demands, costs, and expenses including attorney’s fees or demands of any kind and nature whatsoever that may arise from my child’s participation in any activities related to swimming, pool, or open water activities.

These terms serve forever as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

In signing this Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. No oral representations, statements, or inducements apart from this Release have been made.

LIFE JACKET REQUIREMENT
(PLEASE INITIAL ONE)

_____ My child **IS** required to wear a life jacket when participating in this activity.

_____ My child **IS NOT** required to wear a life jacket when participating in this activity

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Printed Name of Child