

**Camper Registration – Summer 2013**

[www.youthcamps.weebly.com](http://www.youthcamps.weebly.com) to find out about camp, pre-register, pay online, etc.

Name (for nametag): \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camper's

Email Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

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

Special Need or Request: \_\_\_\_\_

I will attend  JUNIOR  JR. HIGH  SR. HIGH

I am a  Camper  CIT  Staff

My gender is  Male  Female

BIRTHDATE: \_\_\_\_\_

GRADE IN FALL: \_\_\_\_\_

I am a member of:  Facebook  Twitter

Account Address: \_\_\_\_\_

Parent/Legal Guardian: NAME \_\_\_\_\_ Home Ph ( ) \_\_\_\_\_ Work Ph ( ) \_\_\_\_\_ Cell Ph ( ) \_\_\_\_\_

Parent/Legal Guardian: NAME \_\_\_\_\_ Home Ph ( ) \_\_\_\_\_ Work Ph ( ) \_\_\_\_\_ Cell Ph ( ) \_\_\_\_\_

Parent/Legal Guardian EMAIL ADDRESS: \_\_\_\_\_

Emergency Contact: NAME \_\_\_\_\_ Home Ph ( ) \_\_\_\_\_ Work Ph ( ) \_\_\_\_\_ Cell Ph ( ) \_\_\_\_\_

**MEDICAL HISTORY – Please circle YES or NO and explain any "YES" answers**

YES NO Are you allergic to any foods, latex, medications, etc.? \_\_\_\_\_

YES NO Are you presently under a physician's care for any acute/chronic medical condition? \_\_\_\_\_

YES NO Are you currently taking any medications (incl. non-presc.)? \_\_\_\_\_

YES NO Do you have any physical restrictions or conditions that require special attention? (incl. sleepwalking, bedwetting, etc.)? \_\_\_\_\_

Please list all mental health and/or physical conditions \_\_\_\_\_

YES NO Have you recently been exposed to a contagious disease? \_\_\_\_\_

YES NO Any special diet needs?  Diabetic  Vegetarian  Other \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ (ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD)

**STATEMENT OF CONSENT AND RELEASE**

*I, the undersigned, have read and consent to the rules, guidelines and releases specified on the reverse of this form. I have read, understand and agree to abide by the Camp Rules.*

\_\_\_\_\_

Camper

DATE

\_\_\_\_\_

Parent/Legal Guardian (if participant under age 18)

DATE

**Print one copy for each camp for which you are registering**

### **Release and Consent**

Please read each of the following Release and Consent Statements and sign the front of this registration form. Your signature indicates your consent.

#### **Consent to Medical Treatment**

As parent or legal guardian of the registrant listed on this form, I give permission to Community of Christ to take said registrant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Community of Christ may administer prescription medication, if appropriate, during camp, and I agree that if my child has an illness on the day camp begins that could be harmful to him/her, or to others he/she will not be allowed to begin the camping activity.

#### **Consent to Participate in Camp Activities**

I specifically consent to registrant's participation in activities offered by the camp, including but not limited to boating, swimming, hiking and informal sports events. Any activities to which I do not consent are listed here: \_\_\_\_\_

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#### **Waiver and Release of Liability**

In consideration for being accepted for participation in summer youth camp, as parent/guardian of the registrant, I do for myself and for and on behalf of this registrant, if said registrant is not 18 years of age or older, hereby release, forever discharge and agree to hold harmless Community of Christ, Florida Mission Center, Deerhaven Campground, and the summer youth camp directors, agents, and employees thereof from any and all liability, claims or demands for personal injury, sickness or death based upon ordinary negligence, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the registrant occurring while said registrant is participating in summer youth camp, and further agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

#### **Photo Release**

In consideration of the right of the registrant to participate in camping activities, I hereby give consent to and authorize the taking of photographic, audio or video recordings in which the registrant may appear; hereby waive all right of privacy in and to any said pictures or tapes and authorize the use of the recordings for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

#### **Deerhaven Camp Rules**

Possession of alcohol, tobacco products, drugs or other illegal substances are strictly forbidden. Infractions of this rule and/or possession of firecrackers, knives or firearms could result in campers being sent home. All car keys will be turned in at the beginning of camp and car doors locked. Access to personal vehicles is not allowed during camp. NO unsupervised and/or unapproved activities after "lights out" (curfew) are permitted. Any person found outside his/her assigned cabin past curfew will be sent home the following day. Foul language will not be tolerated. If a camper is sent home, please be advised that we will **first** try to contact you to arrange for transportation. If you are unavailable, the camper will be sent home by bus at the expense of registrant or his/her parent or guardian.