

## 2013 CAMPER REGISTRATION FORM

Name: \_\_\_\_\_ Date of Camp: July 14-19, 2013 Sex: (M/F) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed by End of School Year 2013 \_\_\_\_\_

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

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

Name of Church You Are Attending Camp With: First Baptist Church of Woodway City/ State Waco, TX

Parent / Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Parent / Legal Guardian Email: \_\_\_\_\_

Additional Emergency Contact Information Other Than Parent/ Legal Guardian:

Name: \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

### PARENT/ LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

#### 1. ACKNOWLEDGMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for Mt. Lebanon agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the events at Mt. Lebanon.

#### 2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

#### 3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my personal insurance coverage will be the primary coverage. Only limited secondary accident and illness coverage is provided by Mt. Lebanon for health care needs, such as doctor office visits, hospital emergency room visits, or ambulance/ medi-flight services. I acknowledge that claims to be submitted under such coverage are time sensitive, and must be filed within 30 days of the date of injury. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

#### 4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless the Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold harmless Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Mt. Lebanon.

#### 5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any medical and/ or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstances require. I further authorize the Mt. Lebanon health staff to render first-aid and to administer medications as prescribed and programmed on the *Dosage & Frequency Chart*, executed by the parent or guardian.

#### 6. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused by my child, including any acts of graffiti.

#### 7. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/ or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

#### 8. USE OF CHILD'S PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Mt. Lebanon.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.

\_\_\_\_\_  
PARENT/ GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

### CAMPER MEDICAL REQUIREMENTS AND INSTRUCTIONS

1. All prescription and non-prescription medications must be kept in original containers and properly labeled as prescribed by law.
2. All prescription and non-prescription medications must be presented to the camp health supervisor, or other first-aid personnel, upon arrival and check-in at Mt. Lebanon. Medications must be stored and dispensed from the camp health center.
3. Campers are not allowed to keep or self-administer any medication in accordance with the Texas Department of State Health Services regulations.
4. If a child requires an asthma inhaler or a prescribed antidote for allergies or insect bites, bring at least two to camp. One must be kept closely guarded by and the responsibility of the camper. The other must be given to and registered with the camp health supervisor or other first-aid personnel.
5. List any medical problems, medical alerts, allergies, or other relevant health information on the *Camper Health and Medication Form*.
6. Accurately fill out the *Dosage and Frequency Chart* and write, if necessary, any special instructions or remarks.
7. Place all medications and a copy of the *Camper Health and Medication Form* and *Dosage and Frequency Chart* in a heavy-duty, quart sized zip-lock bag with the camper's name and name of church written with a black marker on the outside of the bag.

Camp Name: Sundays Camp Date: July 14-19, 2013

Camper's Name: \_\_\_\_\_ Church First Baptist Church of Woodway

**INSURANCE INFORMATION** (You may attach a photocopy of your current Health Insurance Card.)

Insured Member's Name: \_\_\_\_\_ Member ID \_\_\_\_\_

Camper's Father's Date of Birth \_\_\_\_\_ Camper's Mother's Date of Birth \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Group ID \_\_\_\_\_

Health Insurance Provider Phone Number(s): \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**GENERAL HEALTH INFORMATION** (If necessary, attach additional copies of information which address camper health concerns.)

List any health information that would be relevant to an attending physician in the case of an emergency: \_\_\_\_\_

\_\_\_\_\_

List any Chronic or Recurring Illnesses or Diseases: \_\_\_\_\_

List any Food, Medicine, or other Significant Allergies: \_\_\_\_\_

\_\_\_\_\_

List any pre-existing injuries which occurred before attending camp \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_ List Current Immunizations: \_\_\_\_\_

**MEDICATIONS**

I give my permission to the camp's health supervisor, or other first-aid personnel, to administer the following non-prescription, over-the-counter, medications as indicated by checking below:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acetaminophen (i.e. Tylenol)            | <input type="checkbox"/> Ibuprofen (i.e. Advil) | <input type="checkbox"/> Decongestant (i.e. Sudafed) |
| <input type="checkbox"/> Antihistamine (i.e. Benadryl, Claritin) | <input type="checkbox"/> Antihistamine Cream    | <input type="checkbox"/> Antibacterial Ointment      |
| <input type="checkbox"/> Antacid Tablet (i.e. Tums)              | <input type="checkbox"/> Cough Medicine         | <input type="checkbox"/> _____                       |
- (List other medication)

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

The above meds **WILL NOT** be administered unless this box is filled out and signed by Parent or Guardian

**Medication Dosage and Frequency Chart**

Place all medications and a copy of the *Camper's Health and Medication Form* and a copy of the *Dosage and Frequency Chart* in a heavy-duty, gallon sized zip-lock bag. Using a permanent black marker, print the camper's name and name of church on the outside of the zip-lock bag. If necessary, make additional copies of the *Dosage and Frequency Chart*. Medications must be kept in the original container and properly labeled as prescribed by law.

Medication	Dosage/Time	Monday	Tuesday	Wednesday	Thursday	Friday
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____