

PRE-TEEN CAMPER REGISTRATION FORM
ASPENDALE BAPTIST ENCAMPMENT

Week 1: JUNE 16-19, 2013

Week 2: JUNE 19-22, 2013

Name: _____ Shirt size: _____
Address: _____ City/State: _____
Zip: _____ Birth Date: _____ Sex: _____ Grade: _____ Age: _____
Are you a Christian? _____ Church Member? _____
If so, what church? _____
Church you are coming to camp with: _____ Week attending: _____

Parent/Guardian name(s): _____ Home Phone : _____
Address: _____ City/State: _____
Dad's Phone: _____ Dad's Cell Phone: _____ Dad's Email: _____
Mom's Phone: _____ Mom's Cell Phone: _____ Mom's Email: _____
Family Physician: _____ Phone: _____
Date of last tetanus shot _____ Is camper allergic to tetanus booster? _____
Date of O.P.V. _____ Date of M.M.R. _____
Insurance Company: _____ Policy # _____ Group: _____
(Please attach a copy of insurance card and shot records to the back of this form)

Has Camper had?		Allergies (specify):	
Appendix removed	_____	Food	_____
Fainting spells	_____	Medicine	_____
Chicken pox	_____	Bites	_____
Asthma	_____	Stings	_____
Heart trouble	_____	Other	_____
Convulsions	_____	Blood Type	_____
Diabetes	_____		
Measles/Mumps	_____		
Whooping Cough	_____		

Please explain on an attached sheet of paper if necessary any extra information required.

MEDICAL AUTHORIZATION

Is camper taking any medication that must be given at camp? _____ If yes, please complete the following:
Please administer to (name) _____ the following medication(s):
1. _____ Dosage(s) _____ Time(s) _____
2. _____ Dosage(s) _____ Time(s) _____
3. _____ Dosage(s) _____ Time(s) _____

In consideration for your agreeing to accept the above-named camper, I hereby give authority and consent to medical and surgical treatment as may be needed for my child in the judgment of the treating physician chosen by the Aspendale Camp Administrator or by his representative. I understand the twenty-four first aid station is available. I further understand that NO secondary accident and illness coverage is provided.

May the nurse administer Tylenol? Yes _____ No _____
Benadryl? Yes _____ No _____

I promise to obey rules and regulations of the camp and will cooperate with leaders and fellow campers.
Camper's Signature: _____
Parent Signature and Date _____

**ASPENDALE BAPTIST ENCAMPMENT, INC.
PARTICIPANT ASSUMPTION OF RISK, RELEASE AND AGREEMENT
FOR HIGH RISK RECREATION ACTIVITIES**

In consideration of the services of **Aspendale Baptist Encampment**, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as **ABE**), I hereby agree to release, indemnify and discharge **ABE** on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in "High Risk Recreation Activities" including ropes course, paint ball, go-carts, and the archery/pellet, snow tubing, entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

ABE programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in the high risk activities. **The risks include, among other things, the potential for:** slips, falls and falling; rope burns; inches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

Furthermore, **ABE** instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities, they might misjudge the weather.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless **ABE** from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of **ABE** equipment or facilities, including any such claims which allege negligent acts of omissions or **ABE**.

4. Should **ABE** or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against **ABE**, I agree to do so solely in the state of *New Mexico*, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of the law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ABE on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by **ABE** to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless **ABE** from any and all claims which are brought by or on behalf of Minor, and which are in any way connected with such use or participation by Minor. I further give my permission for said minor to participate in this activity.

Parent or Guardian _____ Print Name _____ Date _____

Liability Release
Release of all Claims

I, the undersigned parent or legal guardian of _____ (Camper), do hereby release, forever discharge and agree to hold harmless _____ (Church), the El Paso Baptist Association, and the representatives there of from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participation in **Preteen Camp** at the Aspendale Baptist Encampment, **June 16-19 or 19-22, 2013.**

Furthermore, I agree to assume all responsibility for any of the previously mentioned occurrences.

I give authorization for the church to provide all necessary food, transportation and lodging (if applicable).

I give my permission for our child to participate in the following activities

- Target Range** **Archery** **Hiking** **Sports**
 Paint Ball **Ropes Course** **Go Carts**

I give permission for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

I give the staff nurse permission to administer Tylenol and/or Benadryl to my child if necessary.

Should my child have to return home before the group for medical or disciplinary reasons, I hereby assume responsibility to provide transportation to get my child home.

Print Child's Name

Parent or Guardian Signature Date

=====
=====

State of Texas
County of El Paso

This instrument was acknowledged before me on _____ by _____
Date (name of person acknowledging)

_____ Personally Known
_____ Produced Identification
ID Number and Type of ID _____

(Signature of Notary)

Notary Public, State of Texas

(NOTARY SEAL)

WHAT TO BRING TO CAMP

PLEASE LABEL THE FOLLOWING ITEMS WITH YOUR CAMPER'S NAME

- Sleeping bag and pillow (cabins will be very warm at night)
- Twin fitted sheet (prevents sleeping bags from slipping off mattress)
- Towels and wash cloths (enough for the week)
- Toiletries (Toothbrush, toothpaste, deodorant, shampoo, brush, soap)
- Tennis shoes— (indoor wear winter, outdoor wear summer)
- Waterproof snow boots & extra socks **REQUIRED!!** – Winter
- Jacket/Rain Gear – Summer
- Heavy Winter Coat/Snow Pants --Winter
- Gloves & Hat -- Winter
- Bible, notebook and pen in a small bag
- Spending money for snack bar and offering (no more than \$25)
- Flashlight – Winter & Summer
- Water bottle – Winter & Summer
- Sunblock SPF 30+ -- Winter & Summer
- A good attitude and an open heart

THE FOLLOWING ITEMS ARE **NOT ALLOWED** AT CAMP:

- Fireworks, firearms or any other weapons
- Water Pistols
- Electronic including Games, Radios, TVs, CDs, MP3/iPod, **cell phones**
- Drugs/Alcohol/Tobacco
- Shaving Cream (for fights)

Any of these items that are out during camp
will be confiscated and will only be returned to a parent.

Campers are not allowed to make phone calls home. If there is an emergency we will contact you
ASAP. No news is good news!

ONCE PACKED, PLEASE WRAP ALL SUITCASES, BAGS, ETC. IN BLACK
PLASTIC BAGS AND LABEL WITH YOUR CHILD'S NAME.