

Name of church: _____	T-shirt Size _____
Name of Camp Session: <u>Next Level Kids Camp</u> Date of Camp: <u>July 14-18, 2019</u>	

Camper Registration/Medical & Risk Release Form

Latham Springs Camp & Retreat Center

(under 21 years of age)

Camper's Name _____	Address _____	City _____	ST _____	Zip _____
Birthdate ____/____/____	By the time I get to camp, I will have completed _____ grade!		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you a Christian?: _____	Church member?: _____	Church: _____		
Parent's/Legal Guardian's Name: _____		Relation _____		
Home Phone (____) _____	Work Phone (____) _____	Email _____		
Dr.'s Name: _____		Ph #: _____		
IMMUNIZATIONS: Date of last Tetanus shot (if known) _____ Allergic to a Tetanus booster? _____ Immunizations up to date? _____				

Health History-List any recent illnesses, injuries, any allergies, and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary) _____

Age _____ Height _____ Weight _____ Allergies: _____

If your child has food allergies or special nutritional needs, please complete **FOOD ALLERGY & SPECIAL DIETARY NEED** form and fax to 254.694.4174, then contact the Food Service Director, Frankie Levings, 254-694-3689) at least two weeks prior to camp dates.

***ALL MEDICATIONS**, whether prescription or over-the-counter, **MUST** be in the original container with the camper's name and the current dosage (Required by the Texas Department of State Health Services). All medications must be placed in a large Ziploc bag with your Child's name and Church name and **MUST** be given to the Camp Nurse during Registration. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with Camp Nurse. One (1) will be kept and closely guarded by camper and one (1) given to the Camp Nurse. Similar special cases must be discussed with Camp Nurse. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Latham Springs' Notice of Privacy Practices used and disclose health information about my child/youth to the group leader, director, his designee, the child's sponsor and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I hereby authorize the Latham Springs Camp & Retreat Center staff, Camp Nurse or Group Leadership to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage.

Insurance provider _____ **Policy #** _____ **ID#** _____

If parent cannot be reached in an emergency, please contact:

Name _____ Phone # _____ Relationship _____
 Name _____ Phone # _____ Relationship _____

Name of Medication	Dosage	Frequency / Time(s)	Comments
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	

I give my permission for the Camp Health Officer to give over the counter medications as needed and as directed on the medication label.

Except for (I.E. Allergic to): _____

PLEASE SIGN _____

Camper Pick up Policy: Remember that the continuity of the camp experience is used by the Holy Spirit to touch campers' hearts. Taking a camper out for even a brief period can reduce the spiritual effectiveness of camp. Please minimize absences.

Written permission *must* be provided to the camp before a child will be allowed to leave with any person other than listed below.

Authorized Person's Name (please write legibly)	Relationship to Camper	Phone Number(s)

List here any activities you or your parents do not want you to participate in. Parents, be sure to notify sponsors of this request.

**** Parent & Camper Must Sign on This Page ****

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Definitions:

"CAMP" means LATHAM SPRINGS BAPTIST CAMP, INC. or LATHAM SPRINGS CAMP & RETREAT CENTER, INC., a Texas nonprofit corporation, its Member Churches, Directors, Officers, Employees, Agents, Volunteers, or Associates.

"Applicant" means campers and all participants in CAMP activities, and the parent, legal guardian or conservator of any campers and all participants in CAMP activities, **who verifies by this signature that he or she has the legal right to sign on behalf of camper or participant less than 18 years of age (Minor)**, and Applicant's heirs, executors and administrators, successors and assigns, and members of Applicant's family, including any minors accompanying Applicant.

"Risks and Dangers" include, but are not limited to, the negligence or intentional acts of other people, including other campers, drowning or other water injury, falls or injury from heights (ground to 50 feet), accident or illness in remote places without medical facilities, the forces of nature, and travel by air, boat, automobile, or other conveyance, elements of nature, including temperature extremes, inclement weather, poisonous plants, biting or stinging insects, animals, rough outdoor terrain, and possibly high altitude, including the possibility of asthmatic or allergic attack.

CONSIDERATION:

Applicant is a camper at CAMP, or potential participant in CAMP Activities. This agreement is made in consideration of CAMP leaders allowing Applicant to participate in such activities: **All Applicants must sign this agreement before being allowed to participate in CAMP activities.**

NOTICE:

Applicant acknowledges that these Activities involve inherent Risks and Dangers and that Applicant will be exposed to these Risks and Dangers. Applicant recognizes that these Risks and Dangers may cause personal injury or death, loss or damage to personal property, emotional distress, and psychological damage due to accidents or intentional acts which may occur during these activities. Applicant understands that transportation for medical treatment may take an hour.

APPLICANT'S HEALTH:

Applicant certifies Applicant is completely physically, mentally, psychologically, and emotionally healthy, and capable of participating in all Activities, except for those listed below. Applicant has specified in detail any reasonable accommodation necessary for any disability that Applicant may have and has supplied equipment, medicine, or medical supplies that Applicant may need. Applicant understands that participation in this CAMP program is entirely VOLUNTARY. Applicant is solely responsible for determining whether there is any reason that Applicant should not participate in any Activities, including possible contact with any substances that may cause asthma or allergic reactions.

RELEASE:

In consideration of, and as part payment for the right to participate in Activities and the services and food arranged by CAMP, Applicant: (1) fully releases CAMP from current or future liability from negligence, gross negligence, or intentional tort by any person, (2) assumes all Risks and Dangers, whether or not that risk is foreseeable, and (3) will indemnify and hold CAMP harmless from any and all claims, liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, for personal injury, property damage or loss, psychological injury or emotional distress, or medical expenses of any kind and attorney's fees and costs of court filed by Applicant, or by other parties against CAMP, connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

Applicant hereby agrees that Applicant will not sue CAMP for personal or property injury, and, if Applicant attempts to sue, Applicant will not collect any money. In addition, Applicant will indemnify CAMP for attorney's fees and costs of court fees associated with any litigation against CAMP connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

SAFETY:

Applicant will wear shoes and socks and bring and apply sunscreen as necessary. Applicants who are minors or with youth groups will not leave the CAMP grounds, authorized areas, or vehicles transporting Applicant at any time without permission, and Applicant agrees that CAMP is not responsible if Applicant violates this rule. Applicant agrees to follow all safety instructions and to use caution to protect Applicant, other camper, CAMP personnel, and others. Applicant understands that failure to obey safety rules will cause expulsion from CAMP.

Camper Statement: I agree to obey all rules (rules having to do with safety and Christian behavior) and regulations of Latham Springs Camp & Retreat Center, and will cooperate with leaders and fellow campers and with the camp staff at Latham Springs.

Family Authorization for camper: In consideration for your agreeing to accept the above-named individual as a camper, I/we hereby assume all risk in connection with participation in the above-named Christian camp. I/We authorize medical and surgical treatment for my child as may be needed in the judgment of the treating physician (physician chosen by Latham Springs management). I/We understand twenty-four-hour first aid care is available on the campgrounds, and I authorize transportation of my child at their discretion in case of emergency. I/We further understand that only limited secondary accident coverage (\$2,500 maximum) is provided. I further give permission and consent to Latham Springs Camp & Retreat Center for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Latham Springs Camp & Retreat Center with the reproduction either wholly or in part.

BY MY SIGNATURE BELOW, I VERIFY THAT I HAVE READ AND UNDERSTAND EVERY PROVISION OF THIS AGREEMENT.

Name of Camper *(Please Print)*

SIGNATURE of Camper Date of Signature _____

SIGNATURE of PARENT, GUARDIAN or CONSERVATOR,
Of minor CAMPER or PARTICIPANT, who verifies by this
Signature the legal right to sign on behalf of minor. Date of Signature _____

Food Allergies & Special Dietary Needs

PLEASE USE SEPARATE PAGE FOR EACH PERSON

Fax Completed Form to 254-694-4174 **TWO WEEKS PRIOR TO ARRIVAL**

Name of Camp: Next Level Kids Camp Dates: July 14-18, 2019

Camper Name: _____ Age: _____

Church: _____

Parents Name: _____ Phone #: _____

Is parent attending camp with child? YES NO

If not, please list name of adult sponsor _____

Please check allergies or special needs:

Gluten Free Dairy Free Sugar Free Vegetarian Vegan Pescatarian

Please list below any other allergies or special dietary needs:

Please let your child know to come to the entrance to the kitchen on the West side of the Dining Hall and let the kitchen staff know which allergy or special need they may have. We will plate his/her meal at that time so as to prevent cross contamination.

Is camper aware of his/her allergies? _____

Is camper able to monitor his/her own food requirements? _____

Is child bringing some of his/her own food? _____ if so please list food items below:

We have an area in the middle of the Dining Hall next to the kitchen with a refrigerator where campers with special dietary needs can put their food. You must label the food with their name. There is also a microwave and toaster for their use. LSCRC has available a small variety of Gluten free, Sugar free cereals, snacks, etc. We also have Soy Milk, Almond Milk, etc.

Latham Springs strives to prevent cross contamination and will work with you and your child to make sure their dining experience is a great one. Please give our Food Service Director, **Frankie Levings**, a call to discuss any needs or questions you may have. Her number is 254-694-3689 or email her at frankie@lathamsprings.com. We look forward to serving you.

REGISTRATION FORM



PRETEEN CAMP 3rd-5th grade

July 14-July 18, 2019
Sunday-Thursday

Children's Ministry

Camper Name: _____ Male Female

Date of Birth: _____ Current Grade: _____ Age: _____

Address: _____

City: _____ Zip: _____

T-Shirt Size: AS AM AL AXL AXXL A3XL
(T-Shirt sizes tend to run small)

Mother name: _____

Cell Phone: _____ Email: _____
(Please print so I can read it) HAHA!

Father name: _____

Cell Phone: _____ Email: _____
(Ditto)

Best # to contact: _____

Emergency Contact (if different from above): _____ Phone#: _____

Camp Cost: \$195 (if paid before June 1st, After June 1st cost is \$225)

*Price covers transportation, room, board, food and all activities at camp

Complete this registration form and include a deposit of at least \$50 to reserve your space.

Full payment is due by July 13, 2019 Make checks payable to: Eastridge Baptist Church

Additional Info we may need to know: _____

For office use:

Amount Paid: _____

Scholarship: Full Partial Amount: _____

- Participation Agreement
- Camp Registration form
- Insurance Card

Activity Participation Agreement

Activity Information *(To be completed by the activity sponsor)*

Name of sponsoring organization: Eastridge Baptist Church

Address: 732 E. Ovilla Rd Red Oak, Texas 75154 Telephone: (972)617-2338

Name of sponsor's coordinator: Paul Raack Telephone: (972)617-2338

Description of activity: Preteen Camp

Date(s) and location of activity: July 14-July 18, 2019, Latham Springs

Participant Information *(To be completed by participant or authorized guardian)*

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Telephone (Day): _____ Telephone (evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____