

registration

student form 2k19

EVENT INFORMATION

Event Name: _____

Event Dates: _____

REGISTRATION INFORMATION

Fee: _____ Deadline: _____

Church Name: _____

Church City: _____

STUDENT INFORMATION

Camper's Name: _____

Male Female Age: _____ DOB ____/____/____

Last Grade Completed: _____

Cellphone: _____

Email: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Work Phone: _____

Cell Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Relation to Camper: _____

Phone Number: _____

CAMPER'S MEDICAL HISTORY

Health Insurance Co.: _____

Group # _____ Policy # _____

Camper's Doctor: _____

City: _____ Phone: _____

Does the camper suffer from any medical, physical, emotional, or behavioral conditions which might affect his/her safety while at the camp? (e.g. claustrophobia, vertigo, asthma, heart conditions, diabetes, epilepsy, etc.) Yes No

If yes, please specify: _____

Is the camper undergoing any form of medical or psychological treatment, including medication? Yes No

If yes, please specify: _____

Is camper on prescription medication? Yes No

If so, please list exactly what and when it is to be taken: _____

(Please attach additional information as needed.)

I have read and completed the Camper Medical Release Form Yes No

If yes, please initial _____

To the best of your knowledge, has the camper been in contact with any infectious or contagious diseases, or suffered from anything in the last four weeks that might be or become infectious or contagious?

Yes No If yes, please specify _____

Has the camper had or been in contact with lice within the last three weeks? Yes No

If yes, please have your leader contact the PSW registration team.

Date of last tetanus shot ____/____/____

Do you give permission for staff to give the camper:

Acetaminophen: Yes No Ibuprofen: Yes No

Is the camper allergic to any food or any medications?

Yes No If yes, please specify _____

Special dietary requirements (dietary restrictions can not always be met, contact registration team for options) _____



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RELEASE FORM FOR ACTIVITIES & MEDICAL

THIS REGISTRATION IS NOT VALID WITHOUT THE FOLLOWING THREE SIGNATURES:

Camper's Declaration:

I will fully cooperate with the staff and program established for the Camp. I will obey and uphold the rules following established by the Pacific Southwest District:

- Respect others and their belongings. Do not take other things without permission. Campers are sent home automatically for stealing. Foul language, teasing, bullying, or hazing is NOT permitted at camp.
- No cigarettes, vapor cigarettes, lighters, weapons, alcohol, drugs, fireworks, and gum.
- Boys and girls are not allowed in each others cabins.
- If you break anything while at camp, you must replace it.

Camper's Signature _____ Date ____/____/____

Parental Medical and Activity Release:

- I agree that my child may attend the seasonal Camp event at Camp Cedar Crest, and agree to him/her taking part in all of the activities, with the exception of those I have listed below. I acknowledge that these activities involve risk of serious injury or death. I acknowledge the need for responsible behavior and obedience on his/her part.
Please exclude them from participating in: _____
- My child will cooperate with the staff, rules, and program of the Camp. I understand that I will be held responsible for any damage done by my child, and I will pay for any and all repairs. Any controversy or claim arising out of or related to the student's participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association. I also certify that my child's immunizations are up-to-date.
- In the unlikely event of an accident or an illness during camp which needs immediate treatment, I agree to my son/daughter first aid and medical treatment from qualified practitioners, including life-saving treatments, as may be considered necessary by a licensed medical provider.
- I also authorize the transportation of my child, by ambulance if necessary, to the nearest available medical facility.
- I understand the extent and limitations of the insurance coverage as provided by the organization sponsoring the event and that my medical insurance is primary, unless otherwise specified.
- I will inform the leaders of the event as soon as possible, if there is a change in medical circumstances regarding my child between the date signed below and the start of the event.
- Furthermore, I hereby give the Pacific Southwest District permission to photograph or video record my child to publish and/or the same without incurring any debts or liabilities to me of any kind.

Parent/Legal Guardian's Signature _____ Date ____/____/____

Pastor's Recommendation:

I recommend this camper to the Camp Cedar Crest Staff as one who will cooperate with the staff, rules and program of the Camp.

Pastor's Signature _____ Date ____/____/____