



Camper Registration Form

Camper's Name: _____ Date of Birth: _____ Gender: M F
(Last) (First) (circle one)

Church: _____ Church Phone: _____

Name of Parent or Guardian: _____

Physical Address: _____ City: _____ Phone Number: _____

Mailing Address: _____ City: _____ Phone Number: _____

Emergency Contact Name: _____ Address: _____ Phone Number: _____

Physician: _____ Address: _____ Phone Number: _____

Is the camper attending camp a foster child? Yes or No If yes, from what county? _____

CAMPER HEALTH INFORMATION AND AUTHORIZATION FOR TREATMENT

Check ALL applicable conditions	<input type="checkbox"/>	Recent Broken Bone or Other Injuries
<input type="checkbox"/> Bee Sting or Insect Bite Reactions		Type of Injury: _____ Date of Injury: _____
<input type="checkbox"/> Food Allergies		Activity Restrictions: _____
<input type="checkbox"/> Hay Fever/Sinus Problems		Other Restrictions: _____
<input type="checkbox"/> Asthma Sending RX <input type="checkbox"/>	<input type="checkbox"/>	Recent Surgery Type: _____ Date of Injury: _____
<input type="checkbox"/> Back or Neck Problems		Date of surgery: _____ Activity Restrictions: _____
<input type="checkbox"/> Bedwetting (currently)		_____
<input type="checkbox"/> Bowel Problems	<input type="checkbox"/>	Vegetarian
<input type="checkbox"/> Epilepsy or seizure disorder	<input type="checkbox"/>	Sleep Walking (history of)
<input type="checkbox"/> Fainting	<input type="checkbox"/>	ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Sending RX <input type="checkbox"/>
<input type="checkbox"/> Headache	<input type="checkbox"/>	Diabetic
<input type="checkbox"/> Heart Condition	<input type="checkbox"/>	Special Ed <input type="checkbox"/> IEP <input type="checkbox"/> Psychiatric/Emotional Illness _____
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/>	Child requires medical aide/supervision at all times

Briefly explain ALL items checked above (refer to each item by letter) and explain any other medical issues not listed above (use additional sheets if necessary). Please also disclose any medically necessary dietary requirements.

What allergies may the camper have that you would like us to be aware of? _____

Does the camper have any dietary modifications? Yes or No Is yes, please list _____

Has the camper been diagnosed with any type of disease you would like us to be aware of? Yes or No

If yes, please list and explain _____

Is the camper up to date on all immunizations? Yes or No

Relatives' names and ages if also attending camp _____

Any additional information: _____

Prescriptions: (including Asthma/ADD/Insulin/Epi-kit): Any prescribed medicine or inhaler must be given to the sponsoring church for camper's use under supervision. All medications must be sent in their original prescription container.

- Are you sending prescription or non-prescription medication with your child? Yes No
- If yes, please list and detail dosage information: _____

Has your child been exposed to any communicable disease within the past month? Yes No

If yes, please specify the disease. _____ **Date of last known Tetanus shot** _____

Medical Insurance Information

Private Insurance Name: _____ Policy #: _____

Primary Insurer's Name: _____ Medi-Cal Coverage Policy #: _____

Non-Prescription Medication Available at Thousand Pines

The medications listed below are kept in stock; **do not feel obligated to send any of these items.** Please check each box below to indicate your permission for the listed medication to be administered by the Camp Nurse or an authorized staff member. **We will not administer any medication without authorization.**

YES	NO	YES	NO	YES	NO
	Benadryl (itch, insect bite, sinus)				Tylenol (head/muscle aches/cramps)
	Caladryl Lotion (poison oak)				Cough Drops (cough)
	Mylanta/Tums (upset stomach)				Hydrocortisone Cream (itch/rash)
	Robitussin (cough)				Ibuprofen (pain reliever, fever reducer)

Authorization For Medical Treatment – SIGNATURE REQUIRED OR CAMPER CANNOT BE TREATED:

I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise and I am not immediately available. I further authorize Thousand Pines personnel to assist my child in the use of the medications indicated above and those listed on the prescription section of this form.

Parent/Guardian Signature: _____ **Date:** _____

Video & Photo Information

Thousand Pines produces a weekly video recapping the activities the students participated in, and the information they learned. The videos are primarily used for the students' weekly recap presentation, on our website or in a promotional presentation, or as a general-purpose preview of the Thousand Pines experience. These videos are solely the property of Thousand Pines C.C. and are given to participants as a keepsake. They are not to be used for commercial means.

Parent/Guardian Signature: _____ **Date:** _____

Physical Activity Release

Camp activities include but are not limited to swimming, ropes course, skate-park, paintball, mountain bikes, team recreation, etc. There are risks of physical injury or harm from participating in activities. I voluntarily elect my child to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Thousand Pines, its officers, employees, and agents from all liability for any injury or harm to me (or my minor/child) from participating in said activities. I have read and understood this release of liability.

Parent/Guardian Signature: _____ **Date:** _____

Behavior Agreement/Discipline Policy

Please review the following camp rules (and consequences for breaking the standards) with your child. These simple standards will help ensure that every child has a safe and successful learning experience.

1. Follow all normal church/camp standards. Abide by all communicated camp guidelines.
2. Respect the rights of all people and their belongings. Be respectful towards and follow directions of all leadership/staff.
3. Participate in activities and maintain a good attitude. Use appropriate language at all times.
4. Keep hands, arms, and legs to yourself. Fighting, play fighting, rough-housing, and wrestling are not permitted.
5. Leave these items at home: alcohol, tobacco, all electronic devices, knives, weapons, matches/lighters, and valuables.
6. Be where you're supposed to be, Do what you're supposed to do, and Use Common Sense.

If I don't follow these standards, I realize that I am choosing to accept the consequences for my behavior:

1. Be restricted from fun activities
2. Have to spend part or all of free-time in work projects.
3. Call home to parents/guardians
4. Have parents/guardians pick camper up and take home

The following behaviors are examples of what your child could be sent home for:

1. Hitting, fighting with, or threatening another camper
2. Vandalism, theft, or other inappropriate behavior
3. Being in the opposite gender's cabin
4. Repeated violation of camp guidelines

I have reviewed the Thousand Pines Behavior Policy with my child and understand that all standards continue while in attendance at Thousand Pines. Should there be any serious difficulty with following the expectations, I support the implementation process (above) and, if necessary will bring my child back home.

Parent/Guardian Signature: _____ **Date:** _____

I have reviewed the Thousand Pines Behavior Policy and agree to follow them as outlined. I understand that all church standards continue while at Thousand Pines. I understand that I may lose my privilege to attend Thousand Pines if I fail to follow them.

Camper Signature: _____ **Date:** _____

Reviewed By Church Staff, Name: _____

Updated 7/2010