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REGISTRATION

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____ Male/Female: _____ Birth Date: ____/____/____
 Address: _____ City: _____ State: _____ Zip: _____

Mother/Guardian:
 Name: _____
 Home Phone: _____ Cell: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Work Phone: _____

Father/Guardian:
 Name: _____
 Home Phone: _____ Cell: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Work Phone: _____

Emergency Contact

This person will be contacted if Parent or Guardian is unavailable.

Name: _____
 Relationship: _____ Cell: _____
 Work: _____ Home: _____

OTHER

Check Here if you would like to receive
 Camp updates through email

MEDICAL PERMISSION FORM

First Name: _____ Last Name: _____ Male/Female: _____ Birth Date: ____/____/____
 Name of Participants Physician: _____ Phone: _____

HEALTH AND MEDICATION INFORMATION

Please list any current medical conditions or concerns and any recent injury: _____

Date of last tetanus shot (required) _____

Does your child have asthma? ____ YES ____ NO If Yes, how are they treated, what is the frequency and severity of attacks?

Known Allergies: ____ Hay Fever ____ Food ____ Bee Sting ____ Medication ____ Lactose ____ Other

What is the reaction and how do you treat at home? _____

Does your child have a special diet ____ If Yes, we will contact you. Any prosthetic devices, contacts, glasses? _____ Any limitation to activities? ____ Any Bedwetting? ____ Or Sleepwalking? ____ (Condition may warrant a bottom bunk)

LIABILITY & DAMAGE WAIVER

I the parent/legal guardian of the above participant hereby give my permission to Camp Christian Inc., To administer medications as listed above. I understand it is my responsibility to provide prescription medication in original pharmacy containers or as labeled physician samples. I understand that if my child requires medical attention in addition to that described above, that Camp Christian Inc., Will attempt to contact me first. If I am unavailable, I authorize Camp Christian Inc., To contact my child's physician. If neither I nor my child's physician is available, I authorize Camp Christian to order X-Rays, routine tests, and treatment; to release any records necessary for insurance purposes and to provide or arrange transportation for my child to a nearby clinic or hospital. I do hereby waive, release, and covenant NOT to sue and forever discharge, to the fullest extent permitted by law, Camp Christian Inc., And its related or connected organizations, clubs, officers, agents, employees, representatives, successors, volunteers, assignees and all others of and from any and all responsibilities, claims, expenses, personal injury, wrongful death or liability for injuries or damages of any kind resulting or arising from my participation in any activities in or on the above mentioned facilities. I do also indemnify, release, and hold harmless, to the fullest extent provided by law, all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury, damage, or death to my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising from or connected with my child's participation in any activities of or on the above described property or facilities or with Camp Christian Inc. I, the parent or legal guardian of the above mentioned child hereby give permission for my child to travel to and participate in offsite Camp Christian activities/trips. In consideration for being allowed to use the facilities and grounds of Camp Christian Inc, and participate in any programs or activities; I (parent/guardian), have reviewed and signed this agreement of Release of Liability and Damage. I understand that the activities of my child may be of a strenuous outdoor nature and may involve being in, on, or near water. Further, I acknowledge that these activities may be on difficult terrain or steep grades and may include being in trees or on rocks or logs. I also recognize that there are risks of bodily injury and/or damage to my child's personal property. Therefore, as a result of my child's participation it is possible that it could result in destruction of my child's personal property or a serious disabling injury or death and that it is not possible to specifically list each and every possible individual risk. I am aware and understand that my child's event and the related activities that we have planned may contain potential hazards. I also know and anticipate the possibility that such activities involve a risk of injury, damage, and possibly death and that we voluntarily choose to use the facilities, grounds, resources, and programs of Camp Christian Inc.

We (the undersigned parent/guardian), hereby agree to expressly assume all delineated risks and accept any and all risks of injury, damage or death. I do hereby further declare my child to be physically and mentally sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent our participation of the planned activities and programs or the use of any of the reserved facilities or resources.

Signature of Parent/Legal Guardian _____ Date _____