



CAMPER REGISTRATION / MEDICAL & RISK RELEASE FORM

FOR CAMPERS UNDER 18 YEARS OF AGE

Name of Church/Group _____	Group Leader Name _____
Date of Camp Session _____	Last Grade Completed (by camp session date) _____
T-Shirt Size _____	

Camper's Name _____	Gender	Male	Female
Address _____	City, State, Zip _____		Birth Date ____/____/____
Parent/Legal Guardian Name _____	Relation _____		
Daytime Phone _____	Alternate Phone _____	E-Mail _____	
Family Physician's Name _____	Doctor's Phone _____		
Insurance Provider _____	Policy # _____	ID # _____	

MEDICAL CONDITIONS AND HEALTH HISTORY *(use reverse side, if necessary)*

Age ____ Height ____ Weight ____ Allergies _____

Immunizations Up to Date? Yes No Allergic to Tetanus Booster? Yes No Date of Last Tetanus Shot _____

List recent illnesses, injuries, and hospitalizations relevant to above physician _____

Current Medications	Dosage	Frequency / Times	Comments

_____ I hereby authorize Lake Lavon Camp & Conference Center Staff, Camp Nurse, or Group Leadership to make emergency medical decisions for my child/youth. I understand that my personal insurance coverage will be Primary Coverage.

ALL MEDICATIONS must be given to the Camp Nurse. Place medications in a large Ziploc bag labeled with your child's name and church name. Prescriptions must be in the original container with the camper's name and current dosage clearly marked. No medications will be given unless they are in original containers per Texas Department of State Health Services. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor), please bring at least two (2) to camp. The medication must be registered with the Camp Nurse. One (1) will be kept and closely guarded by camper, and one (1) will be given to the Camp Nurse. Similar special cases must be discussed with the Camp Nurse.

By signing this document, you give permission for your child/youth to be inspected for head lice/eggs, if the need arises. You understand that any such check would be conducted sensitively. You understand Lake Lavon Camp's Notice of Privacy Practices will use and disclose health information about your child/youth to group leaders, the child's sponsor, director and designees, and any medical staff, when in its sole discretion believes such communication to be in the best interest of your child for treatment, to obtain payment for treatment, to evaluate the quality of care that he/she receives, and for administrative purposes. You agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

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

Name _____ Phone # _____ Relationship _____

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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 those listed below.

Name of Authorized Person	Frequency / Times	Comments

**** Parent & Camper Must Sign on Page 2 ****

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Definitions:

"CAMP" means LAKE LAVON CAMP & CONFERENCE CENTER or LAKE LAVON BAPTIST ENCAMPMENT, a Texas non-profit 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 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 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 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 Lake Lavon Camp & Conference Center, and will cooperate with leaders and fellow campers and with the camp staff at Lake Lavon Camp.

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 Lake Lavon Camp management). I/We understand 24-hour first aid care is available on the campgrounds, and I authorize transportation of my child at Camp discretion in case of emergency. I/We further understand that no accident insurance is provided by Lake Lavon Camp. I further give permission and consent to Lake Lavon Camp & Conference Center for any photographs, videos 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 websites and social media, promoting or reporting on the camp. I hereby assign full copyright of these photographs to Lake Lavon Camp & Conference Center with reproduction either wholly or in part.

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

PRINTED NAME of CAMPER

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