

REGISTRATION FORM

PLEASE PRINT! Complete all information. Use N/A in those areas which do not apply. Use this form for one camper only.

Name _____

Address _____

City _____ State _____ Zip _____

Birth date ___/___/___ Age ___ Boy ___ Girl ___

Email _____

Church Name (if you attend) _____

Parent's Name _____

Home Phone _____

Work or cell Phone _____

T-Shirt Size _____

Dates you plan on attending:

June 18-22 _____ June 25-29 _____

Emergency Information

If not available in an emergency, notify:

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____

Evening Phone _____

Relationship _____

Name of family physician _____

Phone _____

Do you carry family medical insurance? Yes ___ No ___

Carrier Name _____

Phone _____

Group Policy Number _____

Name of Insured _____

Friend's name if you are using the friend discount. _____

Medical information / Health History (Give approximate dates of occurrence, mild or severe)

| | |
|--|------------------------------------|
| Heart Defect/Disease _____ | <u>Immunizations</u> |
| Convulsions _____ | Last Tetanus Shot _____ |
| Diabetes _____ | Chicken Pox _____ |
| Bleeding/Clotting Disorders _____ | Measles _____ |
| Asthma _____ | German measles _____ |
| Lactose Intolerant _____ | Mumps _____ |
| Physical Limitations (describe) _____ | <u>Medication Allergies</u> |
| Psychiatric Treatment _____ | Penicillin _____ |
| Medical Limitations (describe) _____ | Amoxicillin _____ |
| Other diseases or details of above _____ | Sulfa _____ |
| _____ | Ceclor _____ |
| Any Allergies (food, animals, insects, ect.) _____ | Any Other Medications: _____ |
| _____ | _____ |
| Current Medication (send with instructions*) _____ | |
| _____ | |
| Are there any activities from which this camper should be restricted? | |
| _____ | |
| _____ | |
| *Please send all medications in original prescription bottle with camper's name on it. | |

REGISTRATION FORMS WHICH ARE NOT COMPLETED WILL NOT BE PROCESSED.

Due to the challenging nature of activities at Elevate, full disclosure concerning camper's medical history must be made. If full disclosure is not made in advance, the camp director will be forced to refuse the camper, and the parents will be required to pick up the camper immediately.

| <u>Fees and Discounts</u> | <u>Your Fee</u> |
|--|-------------------------------|
| One week of Elevate: \$150.00 | Camp fee _____ \$150.00 _____ |
| \$75 deposit | Deposit _____ |
| If attending both weeks the 2 nd week is discounted of \$50 | Discount _____ |
| \$50 discount for 1 friend to sign up | Amount Enclosed _____ |
| | Balance Due _____ |

THIS FORM MUST BE SIGNED TO REGISTER

The health history is correct as far as I know, and the person listed above has permission to attend Elevate, and to engage in all camp activities except as noted. I hereby authorize the executive staff or designated medical professionals to administrate emergency medical assistance if I cannot be reached. I accept responsibility for payment of expenses inquired as a result of medical treatment.

Signature of Parent/ Guardian: _____

Date: _____

Agreement to Participate Assumption of Risk and Liability

Please Read Before Signing!

We are aware that there are hazards associated with the Elevate Middle School Day Camp (the “Camp”) and that _____ (the “Participant”) is voluntarily participating in this activity with knowledge of the danger involved and we hereby agree to accept any and all risk of property damage, personal injury or death associated with the camp.

In consideration of Participant’s participation in the Elevate Middle School Day Camp, we release East Boulder Baptist Church, it’s Trustees, directors, officers, employees, agents, associates, and instructors from any present and future claims, including negligence, property damage, personal injury, or wrongful death, arising from Participant’s participation in the Camp and arising out of any other activity arranged by East Boulder Baptist Church in which Participant may participate.

Furthermore, we voluntarily waive any and all claims, both present and future, arising from Participant’s participation in the Camp on any other activity arranged by East Boulder Baptist Church in which the Participant may participate, including but not limited to negligence, property damage, personal injury, and wrongful death.

We understand that participation in the Camp involves certain risks including but not limited to travel to and from the site of the Camp’s activities and the possible reckless conduct of other participants in the Camp as well as the Camp activities. These risks include but are not limited to serious injury.

We agree and represent the Participant is not and during his/her participation in the Camp will not be under the influence of any chemical substance including alcohol. Participant agrees to follow all safety instructions. We authorize and release to East Boulder Baptist Church the use of images in any photographs for any purpose of East Boulder Baptist Church.

We agree to indemnify, hold harmless and defend East Boulder Baptist Church its Trustees, directors, officers, employers, agents, associates, and instructors from any liability, claim, demand, action, cause of action, suit, loss, damage, injury, expense, costs or judgment of any kind or nature as a result of participant’s participation in the Camp.

NAME OF PARTICIPANT (PLEASE PRINT)

DATE OF SIGNATURE

SIGNATURE OF PARTICIPANT

NAME OF PARENT/ GUARDIAN (PLEASE PRINT)

DATE OF SIGNATURE

SIGNATURE OF PARENT/ GUARDIAN