

## CAMPER REGISTRATION

### General Information

Camper's Name \_\_\_\_\_  Male  Female  
Camper's Email Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed: \_\_\_\_\_  
Parent or Guardian's Name \_\_\_\_\_  
Parent or Guardian's Home Phone \_\_\_\_\_  
Parent or Guardian's Work Phone \_\_\_\_\_  
Church with which camper will be attending camp with \_\_\_\_\_  
City \_\_\_\_\_  
Phone \_\_\_\_\_

### CAMP AGREEMENT

I/we understand and have explained to my/our child that his/her attendance at this camp is a privilege, not a right, and is conditioned on his/her acceptable behavior. I/we realize that camp is something that will substantially benefit my/our child, and behavior that contravenes the following guidelines may result in his/her dismissal from camp in director's sole discretion. In consideration of the benefits of this camp to my/our child (camper), I/we agree to the following: (camper and parent must initial next to each statement)

- \_\_\_/\_\_\_ Camper will abide by all camp regulations
- \_\_\_/\_\_\_ Campers are not permitted to leave the campgrounds without the Directors consent.
- \_\_\_/\_\_\_ Camper (and his/her parent/s) will be held accountable and responsible to pay for any destruction of property that he/she causes
- \_\_\_/\_\_\_ Campers are required to attend all meals, classes, activities, and services
- \_\_\_/\_\_\_ Camper will wear modest clothing at all times
- \_\_\_/\_\_\_ this is a closed camp, no visitors or special guests will be allowed while camp is in session

This registration form has been provided to register your child for camp and to inform you of the guidelines, activities and insurance coverage that will apply during your child's stay at Cedar Springs Camp.

**REFUNDS** All fees are non-refundable. In cases of sickness or emergency, refunds will be available up to the first day of camp less a \$25 handling fee. After this date, refunds will be prorated until noon on the third day of camp.

## HEALTH INFORMATION

Name of families medical insurance company \_\_\_\_\_

Mailing address of the insurance company \_\_\_\_\_

Name of employer through which family's medical insurance is provided \_\_\_\_\_

Employer's group medical insurance account number \_\_\_\_\_

IF CAMPER SUFFERS FROM ANY OF THE FOLLOWING, PLEASE IDENTIFY:

Heart Trouble     Diabetes     Skin Trouble     Fainting Spells     Lung Trouble  
 Ear Trouble     Allergies (specify) \_\_\_\_\_

Medical Allergies     No     Yes (specify) \_\_\_\_\_

Is the Camper allergic to Insect bites?  No     Yes \_\_\_\_\_

Date of last Tetanus shot (DPT or T2) \_\_\_\_\_

Does the camper require medication such as shots, drugs, or anything requiring control? \_\_\_\_\_

**IF YES, PLEASE PLACE ORIGINAL PRESCRIPTION BOTTLE ONLY IN A PLASTIC ZIPLOCK BAG WITH THE CAMPER'S NAME AND MEDICATIONS ON THE FRONT AND BRING TO CAMP NURSE AT REGISTRATION.**

Other Health Concerns \_\_\_\_\_

If you answered "YES" to any of the above questions, please explain on a SEPARATE SHEET and attach to this application.

### IN CASE OF AN EMERGENCY, PLEASE CONTACT

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

In case of an emergency, is there anything the camp nurse or doctor should know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Please complete **BOTH SIDES** of this form. If you are attending with your church, give this form and payment to your youth pastor/leader. Otherwise, return with payment to:

**Cedar Springs Camp**  
**Attn: SOAR Kids Camp**  
**4820 SR 92**  
**Lake Stevens, WA 98258**

**GENERAL RELEASE AND CONSENT**

**Subject.** Participant recognizes and expressly agrees that participating in any adventure, sport or activity associated with the out-of-doors is an inherently dangerous activity. Further, Participant recognizes that certain safety precautions must be followed, yet even strict adherence to those procedures does not guarantee nor does Cedar Springs Camp guarantee Participant's safety.

**Waiver and Release from Liability.** Participant understands that Cedar Springs Camp assumes no responsibility for injuries or illnesses that Participant may sustain, a) as a result of Participant's physical condition, b) resulting from Participant's participation in the activity, c) as a result of another participant's or third person's actions, or d) as a result of participant's use of Cedar Springs Camp facilities, field, and/or equipment in connection with this activity.

The Participant releases and agrees to hold harmless, defend and indemnify Cedar Springs Camp and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of Cedar Springs Camp) that the Participant may suffer as a result of his or her participation and /or enrollment in Cedar Springs Camp activities.

**Medical Consent.** Participant grants permission to Cedar Springs Camp and its employees and agents to take the Participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if Participant becomes ill, sustains an injury, or otherwise requires medical treatment or attention and Cedar Springs Camp is unable to contact the Emergency Contact listed by Participant. The Participant gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Participant's life or health. Participant further authorizes Cedar Springs Camp to give first aid, CPR or other treatment by a qualified staff member to Participant.

**Property Loss.** Participant understands and agrees that Cedar Springs Camp is not responsible for personal property that is lost, damaged, or stolen in connection with this activity.

**Binding Effect.** This Agreement shall be binding upon Participant, his or her heirs, estate, successors, and legal representatives.

**Entire Agreement.** This Agreement represents the entire agreement between the parties. This Agreement shall not be modified or amended except by an agreement in writing signed by both parties.

**Acceptance.** If any portions of this waiver and release are held to be invalid, Participant agrees the remaining terms shall continue to be in full legal force and effect. Participant understands and agrees that this Waiver and Release is binding upon me and my heirs, estates and legal representatives.

**Photo Release:** I grant Cedar Springs Camp the absolute right to copyright, re-use, publish and republish by any medium, including electronically, any photos of my child or in which they may be included, that may be taken while participating in Cedar Springs Camp activities. Yes: \_\_\_\_\_ No: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2012

Signature of Camper \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

APPLICATION WILL BE REFUSED WITHOUT CAMPER AND PARENT/GUARDIAN SIGNATURES