

SOAR 2017 REGISTRATION FORM

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 _____
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

Cedar Springs Camp

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 _____, 2017

Signature of Camper _____

Parent or Legal Guardian Signature _____

APPLICATION WILL BE REFUSED WITHOUT CAMPER AND PARENT/GUARDIAN SIGNATURES