

Name of Church: _____ Name of Camp Session: _____ Date of Camp: _____	T-shirt size _____
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## Camper Registration/Medical & Risk Release Form

### Latham Springs Camp & Retreat Center

(Under 21 years of age)

Camper's Name _____	Address _____	City _____	ST _____	Zip _____
Birthdate ____/____/____	By the time I get to camp, I will have completed _____ grade!		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you a Christian? _____ Church member? _____ Church: _____				
Parent's/Legal Guardian's Name: _____				
Relation _____				
Home Phone (_____) _____		Work Phone (_____) _____		Email _____
Dr.'s Name: _____		Ph. #: _____		
<b>IMMUNIZATIONS:</b> Date of last Tetanus shot (if known) _____ Allergic to a Tetanus booster? _____ Immunizations up to date? _____				

Health History-List any recent illnesses, injuries, any allergies, and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary) \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Allergies: \_\_\_\_\_

If your child has food allergies or special nutritional needs, please complete **FOOD ALLERGY & SPECIAL DIETARY NEED** form and fax to 254.694.4174, then contact the Food Service Director, Frankie Levings, 254.694.3689) at least two weeks prior to camp dates.

**\*ALL MEDICATIONS**, whether prescription or over-the-counter, **MUST** be in the original container with the camper's name and the current dosage (Required by the Texas Department of State Health Services). All medications must be placed in a large Ziploc bag with your child's name and church name and **MUST** be given to the **Camp Nurse during Registration**. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with Camp Nurse. One (1) will be kept and closely guarded by camper and one (1) given to the Camp Nurse. Similar special cases must be discussed with Camp Nurse. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Latham Springs' Notice of Privacy Practices uses and disclose health information about my child/youth to the group leader, director, his designee, the child's sponsor and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I hereby authorize the Latham Springs Camp & Retreat Center staff, Camp Nurse or Group Leadership to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage.

**Insurance provider** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **ID#** \_\_\_\_\_

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

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Medication	Dosage	Frequency / Time(s)	Comments
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	

I give my permission for the Camp Health Officer to give over the counter medications as needed and as directed on the medication label.

Except for (I.E. Allergic to):

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PLEASE SIGN (Parent or Guardian of Camper or Participant under 18) \_\_\_\_\_ Camper or Participant 18 or older \_\_\_\_\_

**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 listed below.

Authorized Person's Name (please write legibly)	Relationship to Camper	Phone Number(s)

List here any activities you or your parents do not want you to participate in. Parents, be sure to notify sponsors of this request.

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**\*\* Parent & Camper Must Sign on This Page \*\***

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

**Definitions:**

“CAMP” means LATHAM SPRINGS BAPTIST CAMP, INC. or LATHAM SPRINGS CAMP & RETREAT CENTER, INC., a Texas nonprofit 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’s 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 the 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’s 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 Latham Springs Camp & Retreat Center, and will cooperate with leaders and fellow campers and with the camp staff at Latham Springs.

**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 Latham Springs management). I/We understand twenty-four-hour first aid care is available on the campgrounds, and I authorize transportation of my child at their discretion in case of emergency. I/We further understand that only limited secondary accident coverage (\$2,500 maximum) is provided. I further give permission and consent to Latham Springs Camp & Retreat Center for any photographs, videotapes 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 Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Latham Springs Camp & Retreat Center with the reproduction either wholly or in part.

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

Name of Camper (Please Print): \_\_\_\_\_

**SIGNATURE** of Camper/Participant: \_\_\_\_\_ **Date of Signature** \_\_\_\_\_

**SIGNATURE** of PARENT, GUARDIAN or CONSERVATOR, \_\_\_\_\_ **Date of Signature** \_\_\_\_\_

**Of minor CAMPER or PARTICIPANT (Under 18 years of age). Who Verifies by this Signature the legal right to sign on behalf of minor**