# 3rd, 4th & 5th grades: Alpine Winter Camp on January 28-30, 2011

Registration Form/Health History

(Please Print Clearly)

Camper's Name: _____ Male _____ Female _____

Church Affiliation: _____

Grade: _____ School _____ Birth Date: _____

Mailing Address: _____

City/State/Zip: _____

Parent/Guardian Name (print): _____

Home Phone: _____Work Phone: _____ Cell Phone: _____

Email Address: _____

1. Describe any activity restrictions while at camp. Write "none" if you don't have any.
   _____
2. Describe any past medical treatments relevant to participating in camp activities. Write "none" if you don't have any.
   _____
3. Describe any allergies or dietary restrictions. Write "none" if you don't have any.
   _____
4. Approximate date of last Tetanus Shot: _____Are other immunizations current? _____ Yes _____ No (Make notes on back)
5. List all medications sent to camp. (All medications must be sent in the prescription bottle with label.)
   _____
6. May Tylenol, Benadryl, Cough Drops or Tums be administered? Yes _____No _____ Date of last medical exam: _____
7. Describe any current medical and/or behavioral conditions that require medications, treatment, or special restrictions while at camp. Write "none" if you don't have any.
   _____
8. **Roommate choice: 1._____ 2._____ 3. _____**

**Alpine must be notified of campers that have been exposed to any communicable diseases prior to camp.**

Physician's Name/Address/Phone: _____

_____

Medical Insurance Company: _____ Policy Number: _____

Emergency Contact (other than Parent/Guardian) _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PARENTS/GUARDIANS PLEASE READ, SIGN & DATE THE FOLLOWING:

I, the undersigned, hereby give permission for the above child to attend this camp sponsored by Alpine Camp and Conference Center. I agree to hold harmless Alpine or its agents for any and all claims for injuries, illness, causes of action, the rendering of emergency medical care, or liability related to use or participation in any camp activities. The activities may include, but are not limited to, swimming, ropes course, rock climbing tower, paintball and all other recreational activities. I also give permission for participation in any offsite activities during camp and/or to be transported to and from any offsite activities, or emergency locations, if any, by authorized vehicles. In the event that I cannot be reached in an emergency and my child requires treatment, I herby give permission to the physician selected by the camp administration to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child, as named in this registration form. I also give permission to photograph and video my child for any future promotional materials, including Alpine's website postings, without expectation of compensation.

**Parent/Guardian Signature: _____ Relationship: _____Date: _____**

**For campers under the age of 18 a Parent/Guardian must fill out, sign and date this registration form with no additions, deletions or changes. Thank you.**

An incredible time at Alpine Camp and Conference Center awaits everyone regardless of race, color, national origin, sex, disability or religious preference.

**Alpine Camp and Conference Center is owned and operated as a ministry of the Pacific Southwest Conference of the Evangelical Covenant Church.**

**P.O. Box 155 · 415 Club House Drive · Blue Jay, CA 92317 · (909) 337-6287 · (800) 350-6289 · Fax (909) 337-2574**

**WEB PAGE: www.alpine-cc.org · E-MAIL: alpine@alpine-cc.org**

Children's Ministries
Rolling Hills Covenant Church

**Bus Medical and Photo Release Form: Alpine Winter Camp January 28-30, 2011**

Name_____Birth Date_____ Grade _____

Address_____ City _____State _____Zip_____

Phone: home_____cell_____work_____

I/We, the undersigned, parent/guardian of _____, a minor, do hereby authorize Rolling Hills Covenant Church Children's Ministries leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective through February 2010 (last day of activity) unless sooner revoked in writing delivered to said agent(s).

I also, do hereby authorize Rolling Hills Covenant Church to photograph, videotape and use, at their discretion and without compensation, photographs and videos of the above named child in church publicity and promotional materials.

Signed (Father, Mother, Guardian) _____ Print name _____Date_____

Phone where I can be reached during this activity _____

**Emergency Contact (other than parents)** Name _____ Phone_____

Address _____ City _____ Zip _____

List any allergies or medical problems: _____

_____