

Jr. High Winter Camp Registration Form

FEBRUARY 21-23, 2014 • ALPINE CAMP & CONFERENCE CENTER, BLUE JAY, CA

TO REGISTER:

- 1) Fill in the info below. 2) RHCC Medical Release Form must be on file (separate document)
- 3) Submit \$50 deposit/Final \$ due 2/16

Student Name: _____ Male Female

School: _____ Grade: _____ Birthdate: _____

D/C Leader or list 2 friends you know: _____

Mailing Address: _____ City/State/Zip: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Parent Cell: _____ Email Address: _____

Physician's Name: _____ Phone: _____

Health/Medical Carrier: _____ Policy #: _____

Describe any activity restrictions at camp. Write "none" if you do not have any:

Describe any past medical treatments relevant to participating in camp activities. Write "none" if you do not have any:

Describe any current medical and/or behavioral conditions that require medications, treatment, or special restrictions while at camp. Write "none" if you do not have any:

Permissions and Liability Release Acknowledgements and Agreements: 1. I, the undersigned, hereby give permission for the above named child to attend the sponsored program by Alpine Camp and Conference Center. I agree to release and hold harmless Alpine or its agents/owners/officers/consultants for any and all claims for injuries, causes of action, the rendering of emergency care, or liability related to use or participation in all activities. These activities may include, but are not limited to: ropes course, paintball, rock climbing, tubing, swimming, and other recreational activities. I also give permission for participation in any off-site activities and/or to be transported to and from any off-site activities, or emergency locations, if any, by authorized vehicles. 2. I hereby give my permission for non-prescription medication and first aid treatment to be given to the child if deemed advisable by the Alpine staff. 3. I am fully aware that the Outdoor Adventure, Higher Ground programs, and Paintball Course at Alpine Camp and Conference Center that I am choosing to participate in or allowing this child to participate in, may include rigorous, physical activities and may involve some risks, physical injury, permanent disability, or possible death from participating. I voluntarily elect to participate in the program or to have this child participate in the program and assume the risks of injury or harm that could result from that participation. 4. In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to the physician selected by the child's Group Leaders or Alpine staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the above named child. 5. I give permission to Alpine to photograph and video tape the child for the use in any future promotional materials, including Alpine's website postings, without expectation of compensation. I also understand that I am financially responsible for any lost or stolen rental equipment that the above participant rents from Alpine Camp.

I certify that all of the above information is true and correct, that I have read and understand the Release of Liability Declaration/Permissions, and that I voluntarily sign below.

Parent/Guardian Signature: _____ Date: _____