

2023 Registration & Health History Form

Jr. High Summer Camp (6th - 8th Grade) July 9 - July 13, 2023 \$399 Regular Price

| | | | | | |
|---|--|---|--|------------------|------|
| Participant Full Name: | | Gender: M <input type="checkbox"/> F <input type="checkbox"/> | | Grade in School: | |
| Check Here If Attending as a Cabin Counselor <input type="checkbox"/> | | Church/Org. Name: | | | |
| Parent/Guardian Full Name: | | Parent/Guardian Relationship: | | | |
| Address: | | City: | | State: | Zip: |
| Cell: () | | Home Phone: () | | Other Phone: () | |
| Email: | | | | | |
| Emergency Contact: (other than parent) | | Relationship to Camper: | | | |
| Emergency Contact Home: () | | Cell: () | | Other Phone: () | |
| Cabin Mate Request: | | Name of other with pick-up permission: | | Relationship: | |

Health Information (Attach additional pages as needed) *I am 18 or older and choose to decline to provide Health History information.*

**You must notify Alpine of participants who have been exposed to a communicable disease within the two weeks prior to camp.*

| | |
|--|---|
| Describe any activity restrictions while at camp; or "None": | |
| Describe any past medical treatments relevant to participating in camp activities; or "None": | |
| Describe any allergies or dietary restrictions; or "None": | |
| Approximate date of last Tetanus Shot: | Are other immunizations current? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| List all medications sent to camp. (All medications must be sent in original prescription bottle with the pharmacy's label) | |
| May Tylenol, Benadryl, Cough Drops, or "Tums" be administered? Yes <input type="checkbox"/> No <input type="checkbox"/> | Date of last medical exam: |
| Describe any current medical and/or behavioral conditions that require medications, treatment, or special restrictions while at camp; or "None": | |
| Physician's Name/Address/Phone: | |
| Health/Medical Insurance Carrier: | Policy# |

I am also applying for scholarship assistance for the above camper. (Financial information must be complete in order to process scholarship)

| |
|--|
| Total number of people in household: # |
| Total Household gross income from any source: \$ |

Next page...

Permissions, Liability of Release Acknowledgements and Agreements

GENERAL RELEASE WAIVER

The undersigned, or on behalf of said minor, has asked Alpine Retreat and Camp (hereinafter "ARC") to be allowed to participate in activities offered at ARC. Activities may include but are not limited to: archery, archery tag, tomahawks, paintball, high ropes, zip lining, hiking, and swimming. The undersigned acknowledges that the activities involve physical exertion and other risks; is aware of the possibility of risk of injury to individuals participating or observing the activities, including but not limited to permanent disability including blindness, or death does exist; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any staff member; Understands that it is each participants responsibility to wear any safety gear deemed necessary by ARC; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waives and releases any and all claims, demands actions, causes, of action and rights, (contingent, accrued, inchoate, or otherwise), defends and hold ARC harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorneys' fees and cost) arising out of, or in any way related to the participation in activities at ARC, whether caused by ARC's active or passive negligence or otherwise.

MEDICAL RELEASE WAIVER

The undersigned also gives permission to the Health Supervisor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes. **Note: Alpine Retreat and Camp only administers First Aid to its guests. Emergency situations will be handled with parents and or group leadership.**

MEDIA

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.

Signatures (Required)

I certify that all of the above information is true and correct, and have read and understand the Permissions, Liability of Release Acknowledgements and Agreements.

Parent/Guardian/Adult Participant Signature _____ Date _____

Mailing Address: PO Box 4803, Blue Jay, CA 92317 Email: office@alpine.camp Phone: (909) 337-3800