



Camper Registration Form

Date attending camp: _____ / _____ - _____ / _____
Month Day - Day Year

Church/Group Name: _____ Church/Group Phone: _____

Type of camp attending: *Elementary* ____ *Jr. High* ____ *High School* ____ *Jr. High/High School Combo* ____ *Adult* ____ *Family* ____

Camper's Name: _____ Date of Birth: _____ Gender: M ____ F ____
(Last) (First)

Name of Parent or Guardian (if applicable): _____ Home Phone: _____ Cell: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Address: _____ Phone Number: _____

Physician: _____ Address: _____ Phone Number: _____

E-mail Address: _____ Would you like to receive our newsletter? Yes () or No ()

CAMPER (whether Adult or Minor) HEALTH INFORMATION AND AUTHORIZATION FOR TREATMENT

Check ALL applicable conditions	<input type="checkbox"/>	Recent Broken Bone or Other Injuries
<input type="checkbox"/> Bee Sting or Insect Bite Reactions		Type of Injury: _____ Date of Injury: _____
<input type="checkbox"/> Food Allergies		Activity Restrictions: _____
<input type="checkbox"/> Hay Fever/Sinus Problems		Other Restrictions: _____
<input type="checkbox"/> Asthma Sending RX <input type="checkbox"/>	<input type="checkbox"/>	Recent Surgery Type: _____ Date of Injury: _____
<input type="checkbox"/> Back or Neck Problems		Date of surgery: _____ Activity Restrictions: _____
<input type="checkbox"/> Bedwetting (currently)		
<input type="checkbox"/> Bowel Problems	<input type="checkbox"/>	Vegetarian
<input type="checkbox"/> Epilepsy or seizure disorder	<input type="checkbox"/>	Sleep Walking (history of)
<input type="checkbox"/> Fainting	<input type="checkbox"/>	ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Sending RX <input type="checkbox"/>
<input type="checkbox"/> Headache	<input type="checkbox"/>	Diabetic Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>
<input type="checkbox"/> Heart Condition	<input type="checkbox"/>	Special Ed <input type="checkbox"/> IEP <input type="checkbox"/> Psychiatric/Emotional Illness _____
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/>	Child requires medical aide/supervision at all times

Briefly explain ALL items checked above and explain other medical or dietary issues not listed (use additional sheets if necessary).

What allergies may the camper have that you would like us to be aware of? _____

Does the camper have any dietary modifications? Yes () or No () If yes, please list _____

Has the camper been diagnosed with any type of disease you would like us to be aware of? Yes () or No ()

If yes, please list and explain _____

Is the camper up to date on all immunizations? Yes () or No ()

Relatives' names and ages if also attending camp _____

Any additional information: _____

Prescriptions for minors: (including Asthma/ADD/Insulin/Epi-kit): Any prescribed medicine or inhaler must be given to the sponsoring organization for camper's use under supervision. All medications must be sent in their original prescription container.

- Are you sending prescription or non-prescription medication with your child? Yes () No ()
- If yes, please list and detail dosage information: _____

Has your child been exposed to any communicable disease within the past month? Yes () No ()

If yes, please specify the disease. _____ Date of last known Tetanus shot _____

Medical Insurance Information

Private Insurance Name: _____ Policy #: _____

Primary Insurer's Name: _____ Medi-Cal Coverage Policy #: _____

Non-Prescription Medication Available at Thousand Pines

The medications listed below are kept in stock; **do not feel obligated to send any of these items**. Please check each box below to indicate your permission for the listed medication to be administered by the Camp Nurse or an authorized staff member. **We will not administer any medication without your authorization.**

YES	NO		YES	NO		YES	NO	
		Benadryl (itch, insect bite, sinus)			Pepto Bismol (diarrhea)			Tylenol (head/muscle aches/cramps)
		Caladryl Lotion (poison oak)			Hydrocortisone Cream (itch/rash)			Cough Drops (cough)
		Mylanta/Tums (upset stomach)			Polysporin Topical (minor cuts/burns)			Milk of Magnesia (constipation)
		Robitussin (cough)			Betadine (disinfectant)			Ibuprofen (pain reliever, fever reducer)
		Claritin (allergies)			Non-Pseudo (sinus)			

Please initial all four yellow boxes and sign below

Authorization For Medical Treatment – INITIALS REQUIRED OR CAMPER CANNOT BE TREATED:
Initials I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise. I further authorize Thousand Pines personnel to assist me (or my minor/child) in the use of the medications indicated above and those listed on the prescription section of this form.

Video & Photo Information
Initials Thousand Pines produces a weekly video recapping the activities the campers participated in, and the information they learned. The videos are primarily used for the guest’s enjoyment, on our website, in a promotional presentation, or as a general-purpose preview of the Thousand Pines experience. These videos are solely the property of Thousand Pines C.C. and are given to participants as a keepsake. They are not to be used for commercial means.

Physical Activity Release
Initials Camp activities include but are not limited to swimming, ropes course, skate-park, paintball, mountain bikes, team recreation, etc. There are risks of physical injury or harm from participating in activities. I voluntarily elect myself (or my minor/child) to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Thousand Pines, its officers, employees, and agents from all liability for any injury or harm to me (or my minor/child) from participating in said activities. I have read and understood this release of liability.

Behavior Agreement/Discipline Policy
Initials Please review the following camp rules and consequences for breaking the standards (and share with your minor/child if applicable). These simple standards will help ensure that every camper has a safe and successful experience.

1. Follow all normal organization/church/camp standards. Abide by all communicated camp guidelines.
2. Respect the rights of all people and their belongings. Be respectful towards and follow directions of all leadership/staff.
3. Participate in activities and maintain a good attitude. Use appropriate language at all times.
4. Keep hands, arms, and legs to yourself. Fighting, play fighting, roughhousing, and wrestling are not permitted.
5. Leave these items at home: alcohol, tobacco, all electronic devices, knives, weapons, matches/lighters, and valuables.
6. Be where you’re supposed to be, Do what you’re supposed to do, and Use Common Sense.

If I don’t follow these standards, I realize that I am choosing to accept the consequences for my behavior:

1. Be restricted from fun activities
2. Have to spend part or all of free time in work projects.
3. Call home to parents/guardians (if minor/child)
4. Be sent home and excluded from further attendance.

The following behaviors are examples of what a misbehaving camper could be sent home for:

1. Hitting, fighting with, or threatening another camper
2. Vandalism, theft, or other inappropriate behavior
3. Being in the opposite gender’s cabin
4. Repeated violation of camp guidelines

I have reviewed the Thousand Pines Behavior Policy (with my child if a minor) and understand that all standards continue while in attendance at Thousand Pines. Should there be any serious difficulty with following the expectations, I support the implementation process (above) and, if necessary will leave the premises or bring my minor/child back home. I understand that I may lose my privilege to attend Thousand Pines if I fail to follow them.

Signature of camper (if minor child) _____ **Date:** _____

Signature of camper or parent/guardian of minor child _____ **Date:** _____

I have reviewed all of the above policies and guidelines of Thousand Pines C.C. and I agree with all the statements above.

Group Leaders Name: _____ **Cell Phone Number:** _____
 Please Print