

# Community of Christ

Chesapeake Bay Mission Center

PLEASE PRINT

Activity:

Dates:

# Camp & Retreat Registration

## General Information

Name \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Social Security Number \_\_\_\_\_ Gender: \_\_ Male \_\_ Female  
 Phone Number (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Religious Affiliation \_\_\_\_\_ Home Church \_\_\_\_\_  
 Name of Parents, Custodial Parent or Legal Guardian\* \_\_\_\_\_  
 Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Additional Parent, Legal Guardian or Next of Kin\* \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Persons allowed to pickup your child from camp\* \_\_\_\_\_  
 \*Applies only to those under 21 years of age.

## Emergency Notification

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Medical Information

Allergy to foods, medications (if none, so state) \_\_\_\_\_  
 Is applicant currently under a physicians care for any acute or chronic medical condition? \_\_\_\_\_  
 If yes, please explain. \_\_\_\_\_  
 Does applicant carry medication on their person? (if none, so state) \_\_\_\_\_  
 Medication (s) \_\_\_\_\_ Purpose \_\_\_\_\_  
 Does applicant require prescription medications? (if none, so state) \_\_\_\_\_  
 Medication (s) \_\_\_\_\_ Purpose \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Phone \_\_\_\_\_  
 Policy Holders Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Other Information \_\_\_\_\_  
 Please attach a copy of both sides of your insurance card.

Has Applicant ever had any of the following conditions:

Please check yes and provide month and year of latest occurrence.

- ( ) anemia \_\_\_\_\_ ( ) appendicitis \_\_\_\_\_ ( ) asthma \_\_\_\_\_ ( ) bronchitis \_\_\_\_\_ ( ) chicken pox \_\_\_\_\_
- ( ) diabetes \_\_\_\_\_ ( ) epilepsy \_\_\_\_\_ ( ) frequent colds \_\_\_\_\_ ( ) fractures - nature \_\_\_\_\_
- ( ) heart trouble \_\_\_\_\_ ( ) heart murmur \_\_\_\_\_ ( ) HIV \_\_\_\_\_ ( ) hepatitis \_\_\_\_\_ ( ) kidney trouble \_\_\_\_\_
- ( ) measles \_\_\_\_\_ ( ) mumps \_\_\_\_\_ ( ) pneumonia \_\_\_\_\_ ( ) rheumatic fever \_\_\_\_\_ ( ) scarlet fever \_\_\_\_\_
- ( ) sinusitis \_\_\_\_\_ ( ) sore throats \_\_\_\_\_ ( ) tuberculosis \_\_\_\_\_ ( ) whooping cough \_\_\_\_\_ ( ) other \_\_\_\_\_

Please list applicant's major operations or serious injuries (describe and give dates)

Please list applicant's immunization dates for the following (or attach a copy of health card):

DPT\_\_\_\_\_ booster diphtheria\_\_\_\_\_ booster tetanus\_\_\_\_\_ Smallpox\_\_\_\_\_  
typhoid\_\_\_\_\_ tuberculin\_\_\_\_\_ measles\_\_\_\_\_ mumps\_\_\_\_\_  
polio vaccine (Salk or Sabin)\_\_\_\_\_

Please check any of the following conditions that apply to the applicant:

( ) vision problems ( ) hearing problems ( ) hernia ( ) fainting  
( ) diarrhea ( ) constipation ( ) sleep-walking ( ) bed-wetting  
( ) recent emotional upset (death of loved one, divorce of parents, please explain):

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the applicants experience at camp/retreat:

### Permission for Medical Treatment

*I, the undersigned, parent, legal guardian, next-of-kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment. (physician, hospital, x-ray, lab, medicines, ambulance, etc.).*

Parent/Guardian Signature/Applicant\*\* \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release

*In consideration of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I hereby waive all right of privacy in and to all said pictures and video tapes.*

Parent/Guardian Signature/Applicant\*\* \_\_\_\_\_ Date \_\_\_\_\_

### Activity Consent

*I specifically consent to my applicant's participation in activities offered by this camp, including but not limited to camping, boating, swimming, hiking, and sporting events. I have deleted any items from the previous list to which I do not give consent for participation. I certify that my applicant has the necessary skills to participate in any of the approved activities. (e.g. if boating is approved, the camper can swim). I specifically do not want my applicant to participate in the following activities (if none, please indicate):*

Parent/Guardian Signature/Applicant\*\* \_\_\_\_\_ Date \_\_\_\_\_

### Liability Release

*The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by Chesapeake Bay Mission Center of the Community of Christ, for participation in this event, we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever discharge and agree to hold harmless the aforementioned camp and the Community of Christ and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as a result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.*

Parent/Guardian Signature/Applicant\*\* \_\_\_\_\_ Date \_\_\_\_\_