

CAMPER REGISTRATION FORM 2009

Name: _____
Date of Camp: _____ Sex: (M/F) _____
Birth Date: _____ Age: _____
Grade Completed by End of School Year 2009 _____
Mailing Address: _____

Parent / Legal Guardian: _____
Relationship: _____
Phone Number: Daytime _____ Evening _____
Other _____

Parent / Legal Guardian Email: _____
Additional Emergency Contact Information Other Than Parent/ Legal Guardian:
Name: _____
Phone: _____ Relationship _____
Name: _____
Phone: _____ Relationship _____

PARENT/ LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGMENT OF INHERENT RISKS
I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on church property.
Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for CrossPointe Church agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the events at CrossPointe Church Camp.

2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY
In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

3. LIMITATIONS ON INSURANCE COVERAGE
I understand that my personal insurance coverage will be the primary coverage. Only limited secondary accident and illness coverage is provided by CrossPointe Church for health care needs, such as doctor office visits, hospital emergency room visits, or ambulance/medi-flight services. I acknowledge that claims to be submitted under such coverage are time sensitive, and must be filed within 30 days of the date of injury. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

4. RELEASE AND HOLD HARMLESS AGREEMENT
I agree to release and hold harmless CrossPointe Church, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold harmless CrossPointe Church, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at CrossPointe Church Camp.

5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any medical and/ or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstances require. I further authorize CrossPointe Church staff to render first-aid.

6. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused by my child, including any acts of graffiti.

7. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

8. USE OF CHILD’S PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my child’s photograph may be used for promotional purposes or publicity material by CrossPointe Church.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.

PARENT/ GUARDIAN’S SIGNATURE

DATE

INSURANCE INFORMATION (You may attach a photocopy of your current Health Insurance Card.)

Insured Member’s Name: _____
Member ID _____
Health Insurance Provider: _____
Group ID _____
Health Insurance Provider Phone Number(s): _____
Primary Care Physician: _____
Phone: _____

GENERAL HEALTH INFORMATION (If necessary, attach additional copies of information which address camper health concerns.)

List any health information that would be relevant to an attending physician in the case of an emergency: _____

List any Chronic or Recurring Illnesses or Diseases: _____

List any Food, Medicine, or other Significant Allergies: _____

Date of last Tetanus Shot: _____

List Current Immunizations: _____
