

**PART 1. Camper/Parent Information and Participation Consent (Required)**

Camper Name: \_\_\_\_\_ Gender : Male  
Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Any dietary restrictions you would like to share? \_\_\_\_\_

Is the camper up-to-date on all immunizations? Yes No Date of last Tetanus Shot: \_\_\_\_\_

Are there any known allergies, medical conditions, or prescription medications you would like camp staff to be aware of? \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Camping Dates: **SEPTEMBER 11-13, 2015** Church/Organization: **HOPE COVENANT CHURCH**

Type of Camp: Children Youth College **Men** Women Family School **Church** Service

Emergency Contact (Parent or Guardian if Camper is under 18 years of age): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

***Participation Consent and Medical Treatment Authorization***

Camp activities may include, but are not limited to, hiking, swimming, mountain scooters, ropes course, target shooting, archery, paintball, team recreation, etc. There are risks of physical harm or injury that could result from attending camp and participating in camp activities. I voluntarily elect myself (or my minor/child) to participate in camp activities and assume the risks of harm or injury that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release TRCC, its officers, employees, and agents from all liability for any injury or harm to me (or my minor/child) as a result of participating in any camp activity. I also authorize TRCC staff to provide transportation to and from activities that may take place away from the camp property. I further release the use of my (or my minor/child's) likeness, voice, and words in video, film, and print to Tonto Rim Christian Camp. In recognizing that TRCC only provides simple topical general first aid supplies, I hereby authorize TRCC staff to assist me (or my minor/child) in securing emergency medical services if such a need arises. I also hereby authorize emergency medical or surgical care by licensed medical care providers.

I have read and understand this Participation Consent and Medical Treatment Authorization.

Signature of Adult Camper  
or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_