



## Registration Form: September 2012 – April 2013

All guests of TRCC must complete this form.

### CAMPER INFORMATION

Name: \_\_\_\_\_ Gender: Male or Female

Email: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relatives' names and ages if attending the same camp: \_\_\_\_\_

Church/Organization: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Type of Camp (Circle all that apply): Church School Business Children Youth Adults

### ADDITIONAL CAMPER INFORMATION IF UNDER 18 YEARS OF AGE

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

*Parent/Guardian Information:*

Names: \_\_\_\_\_

Emails: \_\_\_\_\_

Phone Numbers: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CAMPER MEDICAL INFORMATION

Is the camper up to date on all immunizations? Yes No Date of Last Tetnus Shot: \_\_\_\_\_

Any diet restrictions you would like to share: \_\_\_\_\_

Any medical conditions you would like to share: \_\_\_\_\_

Any allergies you would like to share: \_\_\_\_\_

Does the camper have prescribed medication along with him/her at camp? If so how are they to be administered? \_\_\_\_\_

#### ***Release of Tonto Rim Christian Camp (TRCC) from Liability and Consent to Administer Care for the Camper:***

Camp activities may include, but are not limited to, hiking, swimming, skateboarding, mountain boards and scooters, horseback riding, low and high ropes course activities, target shooting, archery and paintball adventure games. There are risks of physical harm or injury that could result from participating in camp activities. I voluntarily elect 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 TRCC, its officers, employees and agents from liability for any injury or harm to me (or my minor) from participating in said activities. Parents/Guardians will be notified in the event of serious injury or illness, or minor injury or illness of which the camp staff is made aware. I also authorize TRCC to provide transportation to and from activities that may take place away from the camp property. In addition, I give TRCC permission to search personal belongings, with the camper present, when the health, well-being or safety of the camper or others requires it. I further release the use of my likeness, voice, and words in video, film, and print to Tonto Rim Camp. I have read and understand this release of liability.

In the event of a medical emergency, the undersigned do hereby authorize the Lead Staff of TRCC, as agents for the above named camper, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor/myself which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act and any dentist under the Dental Practice Act. I give permission to the medical personnel to provide routine health care, to administer medications, to release any records necessary for insurance purposes, and to provide or arrange necessary transportation for the above camper. This authorization will remain in effect while the camper is in the care of TRCC for an indefinite period unless otherwise revoked in writing by the undersigned and delivered to TRCC.

Although topical general first aid products are available, no ingestible medications of any kind will be provided by TRCC.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (required if camper is under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_