



SUGAR PINE CHRISTIAN CAMPS

Church Group Camper - Summer 09

Registration / Med History / Release Form



**Please
Check Camp
Attending:**

Jr. High Camp 1 (July 19-25)

Sr. High Camp 1 (August 2-8)

Jr. High Camp 2 (July 26-Aug 1)

Sr. High Camp 2 (August 9-15)

Church group you came with: _____

First Name:

Last Name:

Mailing Address:

City:

State:

Zip:

E-mail address: _____

D.O.B. ___/___/___ Grade Entering in Fall 09: ___ Sex: **M** **F** (circle one) Home Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Church you attend: _____ Roommate Preference _____

Father's Name: _____ cell: _____

Mother's Name: _____ cell: _____

PAYMENT INFORMATION:

- All checks should be made payable to the church you are coming with.
- Please return this completed registration form with your deposit to your leader.

NAME OF ADULTS AUTHORIZED TO PICK UP YOUR CHILD:

Sugar Pine Christian Camps will release your child only to adults listed below.

SUGAR PINE STAFF USE ONLY

EARLY CHECKOUT FORM

I _____ am picking up _____

from Sugar Pine Christian Camps on _____ at _____ a.m. p.m.

I assume full responsibility for the above-mentioned camper.

Print Name Here: _____

Staff Name: _____

Signature: _____

Staff Signature: _____

PLEASE TURN PAGE OVER AND COMPLETE ALL INFORMATION

Emergency Information and Release Form

PLEASE PRINT CAMPER NAME: _____

If your child should require medical attention at camp for injuries or illness contracted prior to coming to camp, please send us the information necessary to give your child proper medical service during his/her stay at Sugar Pine Christian Camps.

INSURANCE: Do you have Health Insurance? **Yes** **No** (circle one)

Insurance Company _____

Policy Number _____ Phone: _____

Main Insured's Name _____ SS# _____

EMERGENCY INFORMATION:

Family Doctor _____ Phone: _____

HEALTH HISTORY:

Drug Allergies Hay Fever Handicaps Frequent Colds Epilepsy
 Insect Stings Other Allergies Diabetes Stomach Upset
 Heart Condition Chronic Asthma Food Allergies Date of last Tetanus shot (month/yr) ____ / ____

If any of the above are checked, please give details, including normal treatment. _____

Name and dosage of any medication that must be taken. _____

Any activity restrictions? **Yes** **No** (circle one - if yes, please explain) _____

Special Needs? (Housing or Dietary) _____

MEDICAL RELEASE:

In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by Sugar Pine Christian Camps to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the nurse on duty at Sugar Pine to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release. Sugar Pine Christian Camps does not provide any type of camper medical insurance.

RELEASE OF LIABILITY AND INDEMNITY:

I hereby agree to allow said minor to participate in the activities which may occur during their stay at camp, including but not limited to boating, basketball, roller blading, swimming, biking, fishing, strenuous competition games, ropes course, splat tag, giant swing, snow tubing, night games, frisbee golf, hiking, volleyball, and other winter and summer related sports and activities. I realize that unanticipated and unexpected dangers may arise during and associated with the above activities. I voluntarily agree to accept any and all risks of injury, death or damages of any nature resulting directly or indirectly from named minor's participation in these activities.

Sugar Pine Christian Camps reserves the right to include pictures, videos, or other likenesses of all guests for Sugar Pine promotional purposes.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and indemnity and that it is a legally binding contract between Sugar Pine Christian Camps and me and I sign of my own free will. I have also indicated below my restrictions as to the above activities:

SIGN HERE  _____ **DATE:** _____

Parent or legal guardian's signature (you may sign your own release if 18 or older)