

Fall Fest Registration Form for LLBC

Note: Fall Fest is not an open-enrollment program, but rather for youth groups.

Camper Name _____ Birth Date _____ Sex _____

Grade as of Fall _____ Camper Email _____

Camper Shirt Size (circle) Adult: S M L XL 2XL

Church _____

Parent/Guardian Name _____ Email _____

Address (with city/St/zip) _____

Home # _____ Work # _____ Cell # _____

If not available in an emergency notify: _____

Relationship: _____ Phone # _____ Cell # _____

INSURANCE INFORMATION

Insurance Company _____

Subscriber's Name on Card _____ Policy # _____

Insurance Co. Address _____

Name of Family Physician _____ Phone # _____

Name of Family Dentist _____ Phone # _____

HEALTH INFORMATION Does the camper have any allergies to food or medication? What is the reaction? Is medication used to treat the allergic reaction?:

I give permission for my child to carry an epi pen/inhaler/insulin (as applicable)

Please list any specific illness, condition, or allergy; any limitations or restrictions; and dates, if applicable _____

Are your child's immunizations up to date? __Yes__ No Last Tetanus ____/____/____

Please list medication to be administered at camp and reason for taking (medication must be labeled with name, description, dosage and time taken):

Please list any Behavioral considerations, including mental, emotional, social, and developmental needs or restrictions _____

Indicate if any the following Over The Counter products may NOT be administered.

A&D Ointment, Tylenol, Aloe Vera cream/gel, Antacids, Antibiotic cream, Antihistamines, Calamine lotion, Cortaid, cough drops, Delsym, Dimetapp, diphenhydramine, gold bond powder, hydrogen peroxide, ibuprofen, insect repellent, maalox, milk of magnesia, Mucinex, Robitussin, sting swabs, Sudafed, sunburn spray, sunscreen, swimmers ear, vicks, vitamin E gel tabs

Do NOT administer: _____

PARENTAL/GUARDIAN CONSENT FOR THOSE UNDER 18 YEARS OF AGE: I hereby give permission to Lake Lundgren Bible Camp's administration to provide routine health care, administer prescribed medications, arrange necessary related transportation, and seek emergency medical treatment. In the event I cannot be reached in an emergency, I hereby give permission to Lake Lundgren Bible Camp's administration to secure and administer professional medical treatment, including hospitalization, injection, anesthesia, and/or surgery for the person named above.

Signature of parent or guardian: _____

Printed Name: _____ Date: ____/____/____

I acknowledge that participation in Fall Fest at Lake Lundgren Bible Camp (further referred to as "the activity") involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in this program, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature* _____ Print Name _____

Date _____

*If participant is a minor, this form must be signed by the participant's parent/legal guardian.

Photo Release: By allowing my child to participate in camp programs at LLBC, I irrevocably consent to and authorize the use and reproduction of any and all forms of photographs taken of my child for any purpose consistent with the ministry of Lake Lundgren Bible Camp, without compensation. All such images shall remain the property of Lake Lundgren Bible Camp.