



Community of Christ

Camp Registration – Arizona Mission Center

Cost Free Camp - a Donation to cover the approximate cost of camp can be made to your local congregation and labeled for YOUTH CAMPING

Dates of Camp are: Jr. Camp (\$230) – July 15 to July 19, 2018 (going into 4th, 5th, and 6th, grade) at Whispering Pines

Jr. High Camp (\$290) – July 15 to July 21, 2018 (going into 7th, 8th, and 9th grade) at Whispering Pines

Sr. High Camp (\$290) – June 23 to June 29, 2018 (going into 10th, 11th, 12th grade and just graduated) at Whispering Pines

Name of Event, Date, Location: _____

Camper Information

Camper's Name: _____

Date of Birth: _____ Gender: Female Male Age: _____ Grade going into: _____

Address: _____

Home Congregation: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Special Needs or Requests: _____

Parent/Legal Guardian: Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Parent/Legal Guardian: Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Emergency Contact: Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Other Persons Authorized by Parent/Guardian to transport Camper home upon conclusion of Event: _____

MEDICAL HISTORY – Please circle YES or NO and explain any “YES” answer

YES NO Are you allergic to any foods, latex, medications, stings, etc.?

YES NO Are you currently under a physician's care for any acute/chronic medical or mental health condition?

YES NO Are you currently taking any medications (prescription and/or non prescription)

***All prescribed and over the counter medication camper is currently taking must come to camp in its ORIGINAL CONTAINER for identification and administering including name of medication, strength, and dosage. Rx must not be over one year old. All prescribed and over the counter medication must be submitted to the camp nurse upon arrival at camp.**

Please list all mental health and/or physical conditions, if any. _____

YES NO Have you recently been exposed to a contagious disease or illness? If yes, please describe.

YES NO Do you have any special dietary needs? _____

Family Physician: _____ Phone: _____

***Please attach a photocopy of a current health insurance card covering the Registrant.**

Release and Consent

Please read each of the following Release and Consent Statements and sign each one. Your signatures indicate you have read, understand, give your consent. **Must be signed by a Parent/Legal Guardian if camper is under the age of 18.**

Consent to Medical Treatment

As the parent/legal guardian of the camper, I give permission to Community of Christ to transport the Camper to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. Community of Christ personnel may administer prescription medication as needed during camp, and I agree that if the Camper has an illness on the day the camp begins that could be harmful to him/her or to others, he/she will not be allowed to begin the camp.

Signature: _____ **Date:** _____

Consent to Participate in Event Activities

As the parent/legal guardian, I specifically consent that the camper is allowed to participate in all activities offered at the camp. Any activities to which I do not consent are listed here: _____

Signature: _____ **Date:** _____

Waiver and Release of Liability

As the parent/legal guardian for the camper, I hereby release, forever discharge and agree to hold harmless Community of Christ and its affiliated organizations, lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, camp directors, staff, priesthood, agents, volunteers, participants, and employees thereof from any and all damages (including consequential damages), liability, claims, judgments, penalties, obligations, fines, causes of action, demands, losses, costs, and expenses (including without limitation reasonable attorneys' fees and court costs) for personal injury, sickness or death based upon ordinary negligence, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the camper occurring while camper is participating in the camp or arising thereafter, and further agree to hold harmless and indemnify said organizations and their lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, camp directors, staff, priesthood, agents, volunteers, participants, and employees for any liability sustained by them as the result of the negligent, willful or intentional acts of said camper during the camp, including expenses incurred attendant thereto.

Signature: _____ **Date:** _____

Photo Release

As parent/legal guardian, I hereby give consent to and authorize the taking of photographic, audio or video recordings in which the camper may appear; and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by Community of Christ for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

Signature: _____ **Date:** _____

Event Rules

Possession of fireworks, firearms, fixed or switched blade knives, any other weapons, alcohol, tobacco products, marijuana, illegal drugs or other controlled substances or their imitations are strictly forbidden.

I have read, understand, and agree to abide by the Event Rules.

Parent/Guardian Signature: _____ **Date:** _____

Camper Signature: _____ **Date:** _____