

CrossView Christian Camp & Retreat Center

2016 Tuition Camp Registration Form/Medical & Liability Release

CrossView Camp
P.O. Box 288
Dickens, TX 79229
(806) 294-5021
www.crossviewcamp.org

Important: This is a legal document, a release of liability, and release to seek medical treatment. Please read and understand before signing. In order to participate in the activities and events at CrossView Christian Camp & Retreat Center, this document must be signed by the adult wanting to participate, or the parent/legal guardian of any minor wanting to participate.

ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE, AND INDEMNIFICATION

I understand that:

- Activity programs involve the use of equipment and physical skills of the participant, and that participating in these and related activities may result in injury.
- Participants in our high ropes course may be more than twenty feet above the ground, belayed and/or suspended above the ground, falling, climbing, running, jumping, and moving about the course.
- The possibility exists that a participant in our high ropes course could fall and hit the ground, another participant, or another object.
- Accidents can occur hiking. Trails are often steep, rocky, and slippery.
- A participant may be exposed to natural elements which can be uncomfortable or harmful, possibly resulting in sunburn, dehydration, heat exhaustion, heat stroke, heat cramps, hypothermia, or frost bite.
- Participation in camp activities will increase heart rate.
- CrossView Christian Camp includes swimming as a part of its activities program, and certain risks exist in and around swimming pools.
- Many natural hazards exist in a rural setting. Insect, reptile, and/or animal bites may be experienced while participating in the programs of CrossView Christian Camp & Retreat Center.
- CrossView Christian Camp includes paintball as part of its activities program, and certain risks exists on the paintball field and with the use of paintball guns.

I understand the list of potential risks is not exclusive or exhaustive. I understand that no activity program is absolutely safe and free from risk. I agree to assume full responsibility for myself and that of my family, including minor children. I expressly assume all risk and responsibility involving accidents sustained while participating in activity programs at CrossView Christian Camp & Retreat Center resulting from negligence on my part, that of my family, or employees, officers, directors, or agents of CrossView Christian Camp & Retreat Center. I affirm that I am fully capable of participating in this activity and that my general health is good. I do not have any condition that might endanger the life or health of myself or others participating in this activity. I understand the signature of the parent or guardian of a minor child on this document shall make all provisions of this release and assumption of the risk agreement applicable to and binding on the minor child.

Printed: _____ (Participant's Name)

Signed: _____ (Parent/Guardian of Minor Participant)

Relationship to Minor: _____ (Parent, Grandparent, Foster Parent, Etc.)

Today's Date: _____ Camp Date: _____

2016 TUITION CAMP REGISTRATION FORM

Legal Name of Participant: _____ T-Shirt size: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

D.O.B.: _____ Age: _____ Male Female (circle one) Height: _____ Weight: _____

Grade Going Into Next Fall: _____ Date of Last Tetanus: _____ Nickname: _____

Chronic Conditions: _____ Recent Surgery: _____

Medicines & Dosages Currently Taking: _____

Bedwetter? Yes No (circle one) Bladder problems? Yes No (circle one) Explain: _____

Behavioral Problems &/or Mental Health Diagnosis: _____

(i.e. ADD, ADHD, Depression, Runaway, Bipolar, Anxiety, Autism, ODD, OCD, Eating Disorder, Disruptive Disorder, Conduct Disorder, etc.)

Comments: _____

Food/Drug Allergies: _____

Health Insurance: _____ Policy #: _____

Emergency Contact: _____ Phone: _____

Hospital Preference: _____

Physician: _____ Physician's Phone: _____

WATER BAPTISM

An opportunity for water baptism may be presented during your child's week of Camp. Every person baptized at CrossView receives a signed "baptism letter" with a color picture of their baptism. In the event your child expresses an interest, do you give your consent for him/her to be baptized? Please indicate yes or no and provide any necessary information:

MEDICAL & PHOTOGRAPH RELEASE

I give my permission to the employees, agents, sponsors, or directors of CrossView Christian Camp & Retreat Center to act on my behalf in the event my child requires medical attention while participating in the events and activities of CrossView Christian Camp & Retreat Center.

I give my permission for my child and/or myself to be photographed at CrossView. I understand these photographs may be used for the Camp newsletter, advertising, fund raising, or other Camp related purposes.

Signed: _____ (Parent/Guardian of Minor Participant) Date: _____