



Bear Creek Community Church Student Ministries

CAMP Registration Form

STUDENTS INFO

Student's Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ Student Cell # : (_____) _____

Student E-mail: _____

Entering Grade : _____ Gender: _____

PARENTS INFO

I am the parent/guardian of the above child and I give permission to Bear Creek Community Church Staff and Volunteers Leaders to authorize or administer medical attention to my child, if they deem it an emergency during camp activities. I understand every effort will be made to contact me as quickly as possible. In case of an emergency, please contact:

Parent's/Guardian's Name: _____

Emergency Contact Number: (_____) _____

Email: _____

Cell #: _____ Cell # _____

Physician: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

My child suffers from _____ and needs or takes this medication(s) (please include herbal or food supplements)

Allergies (medication/ food/other): _____

Parent or Guardian Signature: _____

Today's Date: _____

STAFF ONLY

DEPOSITE PAID \$ _____ DATE _____ PAID IN FULL \$ _____ DATE _____

SONSHINE SPECIALIZED CAMPING MINISTRIES INC. REGISTRATION & MEDICAL CONSENT FORM

Please complete the following questions on all campers. This form becomes part of SSCM's permanent file in compliance with California Law. Those 18 years and older may fill out and sign form. Those under 18 must have a parent or guardian sign this form.

FORM IS INCOMPLETE WITHOUT 2 SIGNATURES.

Name: _____ Age: _____ Gender: _____ Grade: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Camp: _____ Church: _____

Emergency Information

Parents/Guardian: _____ Phone (H) _____ (W) _____
Medical Insurance company and policy #: _____
Alternate contact: _____ Phone: _____

(Form is incomplete without signature)

Health History (check all that apply)

(Form is incomplete without signature)

| | | |
|---------------------|----------------------------|---------------------------|
| Allergies: | Major Problems: | |
| ____ Drug Allergies | ____ Diabetes | ____ Physical Disability |
| ____ Asthma | ____ Cardiac | ____ Emotional Disability |
| ____ Hay Fever | ____ Chronic Asthma | ____ Mental Disability |
| ____ Insect Stings | ____ Nervous Disorder | ____ Seizure Disorder |
| ____ Other | ____ Epilepsy* (see below) | ____ Other |

If you have checked any of the conditions please give details: _____
Activity Restriction: _____
Date of last Tetanus Shot: _____

IMPORTANT: Please notify SSCM and your Group if your child has been exposed to a communicable disease in the 3 weeks prior to camp. This health history is correct, so far as I know, and the person herein described has permission to engage in all camp activities except as noted below in the Activity Exclusion Section. **SSCM DOES NOT CARRY ANY MEDICAL OR HOSPITALIZATION INSURANCE.** It is the responsibility of the sponsoring church, group or individual's family to obtain health/medical insurance. Sickness is the responsibility of the parents involved. Parent, camper or group member acknowledges that they have their own medical insurance and releases Sonshine Specialized Camping Ministries from any and all liability for the expenses of any medical care rendered, or the actions or inactions of SSCM related to seeking, or failing to seek, medical care. The parent and camper acknowledge that the campers are under the sole custody and control of the Church Group, Youth Group or Individual signing the SSCM Program Service Contract, and who are acting as the campers' guardians during the camp. In the event that I cannot be reached in an emergency during the camp dates noted on this form, I hereby give my permission to the physician or dentist selected by my Group or SSCM to hospitalize, secure proper treatment, including injection, anesthesia or surgery for my child as deemed necessary by the physician. I authorize the supervising personnel to administer medical aid as required for illness or injury under a physician's order. The parties to this registration agreement agree that any and all disputes will be litigated only in San Joaquin County and that the prevailing party is entitled to recover reasonable attorney fees. ***Any camper with a history of seizures or epileptic history is required to wear a flotation device (ski vest or PFD) when in the water at all times. Noncompliance with this policy will result in dismissal from the camp program.**

(Form is incomplete without signature)

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** ____/____/2012

(Form is incomplete without signature)

Activity Exclusion Section

(Form is incomplete without signature)

Every child/participant is required to wear a flotation device (ski vest or PFD) when in a ski boat or participating in water skiing sports.

Child will be in an open water swimming environment in a river or lake (not a pool).

☐ By checking this box I am requesting that my child wear a flotation device (ski vest or PFD) at all times (e.g. swimming) when in the water. **I have communicated this request to my child and to the Group taking my child to camp which is acting as my child's guardian during this trip.**

Parent requests child **not** participate in any of the following activities and acknowledges: (check those that apply and sign below)

____ **Water Skiing Sports** ____ **Ski Boat Observer** ____ **Hiking** ____ **Swimming** ____ **Rock Jumping**

Parent acknowledges by signing below and not checking activities above child has permission to participate in all activities.

(Form is incomplete without signature)

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** ____/____/2012

Special Note -- Important! Out of concern for the safety of children with special needs, (physical, mental or emotional), we require that you please take the following steps to cover such situations: 1. Call or write SSCM's registrar for a special permission form at least three weeks prior to camp. 2. Complete and return the special form as soon as possible to enable a decision to be made on the advisability of the child's attendance. If a special needs child appears on SSCM boats without written authorization, the group or party bringing the child will be asked to return this child to his/her home. Please follow this procedure to save embarrassment and pain for the child, SSCM, and yourself.

SONSHINE SPECIALIZED CAMPING MINISTRIES, INC.
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

FOR AND IN CONSIDERATION of being permitted to utilize the facilities, equipment, services and programs of Sonshine Specialized Camping Ministries, Inc. (or for such children identified below to so participate) for any purpose, including, but not limited to observation, use of the facilities or equipment, or receiving instruction, training, or supervision, participation in any program with, on behalf of, or affiliated with Sonshine Specialized Camping Ministries, Inc. (hereafter SSCM), THE UNDERSIGNED, for himself or herself and as parent or guardian of **any such children** and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has either personally inspected and considered, or relied upon the affiliated Group's inspection and careful consideration of, such premises, facilities, equipment and programs. It is further warranted that such occupation and/or use of SSCM premises, facilities and equipment or participation in any program constitutes an acknowledgment that such premises, facilities, equipment, and programs, have been inspected and/or carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such use or participation by the undersigned and such children and assumes the risks arising from the conditions of the premises, facilities, equipment and programs.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER ONTO ANY PREMISES OR FACILITIES, USE EQUIPMENT, OR PARTICIPATE IN SSCM CAMPING ACTIVITIES FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, OBSERVATION, USE OF FACILITIES OR EQUIPMENT, RECEIVING INSTRUCTION OR TRAINING, OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH SSCM, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE SSCM, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned and participating children and all their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property, or resulting in death of the undersigned or such children, **whether caused by the negligence of the releasees or otherwise** while the undersigned, **or participating children** are in, upon, or about any SSCM-related premises or facilities, or using any SSCM-related equipment or participating in any program affiliated with SSCM, including, but not limited to boating and all related activities including, but not limited to water skiing, wake boarding and any other towing activities such as banana boating or inner tubing; swimming; wading; kayaking, hiking, diving, rock jumping, games, and skits. In consideration of accepting the registration and permitting the voluntary participation of the undersigned or such children in SSCM programs, **for myself and on behalf of the participant, I hereby release, discharge and agree to hold harmless SSCM**, its employees, volunteers, officials, sponsors, and the agents, employees, officers, and directors of said persons or entities **from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or damage that may result to said participant, including any physical or other injury or death caused by the negligence of any person or entity described above.**

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them, from any loss, liability, damage, or cost releases may incur, including reasonable attorney fees and costs, due to the presence of the undersigned or such children in, about, or upon the premises of SSCM or in any way observing, or using the facilities, or equipment, or participating in any program affiliated with SSCM **whether caused by the negligence of releasees or otherwise.**

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned and such children due to the negligence of releasees or otherwise while in, about, or on any premises associated with SSCM and/or while using any premises, facilities or equipment or participating in any program affiliated with SSCM. The UNDERSIGNED, for myself and on behalf of such children, our heirs, assigns and next of kin, acknowledge that participation in such outdoor activities as boating, water skiing, wake boarding, other towing activities such as banana boating or inner tubing; swimming; wading; kayaking, hiking, diving, rock jumping necessarily involves physical risks including risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of such children, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Any disputes will be litigated in the County of San Joaquin and the prevailing party is entitled to reasonable attorney fees and costs.

THE UNDERSIGNED IS OF LEGAL AGE, HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AND FURTHER AGREES THAT NO ORAL MODIFICATIONS, REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

I HAVE READ THIS RELEASE.

Date: _____

Signature of Adult Participant or Parent

Name of Child in Program

Acknowledgement of Risk Form

A certain amount of risk is involved for individuals engaging in most activities on National Forests. Forest visitors engaging in these activities are expected to assume these unusual risks.

I (we) recognize the element of risk in any adventure, sport or activity associated with the outdoors. I (we) am (are) fully aware of the risks and dangers inherent in our scheduled activity such as, but not inclusive, of: boating, swimming, water skiing, wake boarding, wading, hiking, diving.

Knowing the risks and danger, I (we) understand the possible consequences of participating in such activity are as follows: severe injury or death.

I (we) certify that I (we) have the necessary skills and ability to participate in the said activity and assume full responsibility for myself (ourselves) for bodily injury, death and loss of personal property and expenses.

I (we) also agree to abide by the rules or instructions given to (us) either verbally or in writing by Sonshine Specialized Camping Ministries, Inc. I (we) further understand that Sonshine Specialized Camping Ministries, Inc. reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in the said activity.

I (we) have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me (us) during the entire period of participation in the said activity.

Signature of Parent/Guardian

Date

WHAT TO BRING

Personal Items – PACK LIGHT ☺ It's only a week!

Medical Consent Form and Waiver of Liability Agreement

***Shasta clients must also complete the "Acknowledgement of Risk" form. Every participant from your group including adult leaders must have all these forms completed.**

- ☐ Sleeping bag, pillow, sleeping pad (you'll be sleeping on the roof)
- ☐ Grubby clothes, warm clothes, swimsuit (**LADIES – 1 PIECES ONLY!**)
- ☐ Tennis shoes/sandals - most hikes involve swimming – please bring shoes that can get wet and will stay attached to your foot in the water – i.e. Tevas
- ☐ Toiletries – sun screen, bug repellent, lip balm, toothbrush, soap
- ☐ Towel, sunglasses, camera, flashlight
- ☐ Bible, notebook, pen
- ☐ Cards/board games
- ☐ \$\$\$ for Capt. Fun's goodies and camp T-shirt
- ☐ Personal ski equipment (not necessary, but allowed).

GROUP ITEMS

- ☐ Recreation water equipment (floaties, rafts, balls, etc.)
- ☐ A few beach or lawn chairs
- ☐ Fishing poles, tackle box – limit 4 per group
- ☐ Excitement/anticipation for an incredible week!!!
- ☐ Personal re-fillable water bottles (encourages drinking water)

WHAT NOT TO BRING

- ☐ Hard soled shoes/good clothes
- ☐ Music that dishonors God, Ipod, cell phone, personal video games
- ☐ Heavy Suitcases
- ☐ Anything electronic (Blow dryers, coffee makers, etc.)
- ☐ **Any motorized water going vessel (jet ski, ski boats) unless prearranged**
- ☐ **Children under the age of your campers unless prearranged**

NECESSARY FORMS

- ☐ Registration & Medical Consent Form
- ☐ Release and Waiver of Liability and Indemnity Agreement Form
- ☐ Acknowledgement of Risk Form (Shasta clients only)

Special Permission Form – Campers with disabilities must have the Special Permission Form completed and signed as well.

Students with an epileptic condition will be required to wear a life vest during all water activities.