



# 2010 Registration, Consent and Activity Release Form

**Name of Camper** \_\_\_\_\_

Name of Church or Organization camper is attending with (if any) \_\_\_\_\_

Camp Dates camper is attending \_\_\_\_\_

Circle the type of camp (the grade camper is entering): Primary (1-3) Junior (4-6) Junior High (6-8) High School (8-12) Adult Conference

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Parent's E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Alt. Phone # (\_\_\_\_) \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is the camper attending camp a foster child? Yes or No If yes, in what county? \_\_\_\_\_

### Medical Information for the Camp Nurse and Cabin Counselor:

If you are sending your child with prescription drugs, please put them in a clear bag with instructions for the cabin counselor and write the instructions here also: \_\_\_\_\_

What allergies do the camper have that you would like us to be aware of? \_\_\_\_\_

Does the camper have any dietary modifications? Yes or No Is yes, please list \_\_\_\_\_

Has the camper been diagnosed with any type of disease you would like us to be aware of? Yes or No

If yes, please list and explain \_\_\_\_\_

Is the camper up to date on all of the immunizations? Yes or No

Relatives' names and ages if also attending camp \_\_\_\_\_

Any additional information: \_\_\_\_\_

### Release of Thousand Pines Camps from Liability and Consent to Administer Care for the Camper:

Camp activities include, but are not limited to, hiking, swimming, skateboarding, scooters, mountain biking, low and high ropes course activities, target shooting, archery, off road carts and paintball adventure games. There are risks of physical injury or harm from participating in adventure activities. I voluntarily elect to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Thousand Pines/ San Marcos Camp, its officers, employees, and agents from all liability for any injury or harm to me (or my minor) from participating in the said activities. Parent/Guardian will be notified in the event of serious injury or sickness, or minor injury or sickness requiring a stay of more than 24 hours in the Health Center. I also authorize Thousand Pines/ San Marcos to transport my child to and from activities that may take place away from Thousand Pines/ San Marcos. In addition, I give Thousand Pines permission to search a camper's belongings, with the camper present, when the health, well-being, or safety of the camper or others requires it. I further release the use of my likeness, voice, and words in video, film and print to Thousand Pines/ San Marcos. I have read and understand this release of liability.

The undersigned do hereby authorize the Directors of Thousand Pines/ San Marcos Camps, as agents for the above named camper, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act or any dentist under the Dental Practice Act, at a hospital or elsewhere. Thousand Pines/ San Marcos is authorized to make decisions concerning the health and general welfare of a minor or if camper is unable to make a decision due to serious injury or illness. I give permission to the medical personnel selected by the camp Director to provide routine health care, to administer medications, to release any records necessary for insurance purposes, and to provide or arrange necessary transportation for my child or myself. This authorization will remain effective while the above minor is in the care of the above agents for an indefinite period unless otherwise revoked in writing by the undersigned and delivered to the Directors of Thousand Pines/ San Marcos Camp. First aid and non-prescription medications including, but not limited to, Tylenol, Pepto-ismol, Immodium AD, Ibuprophen, Calamine or Cortaid will be administered according to directions on the container, to the above-mentioned minor at the direction of the Directors of Thousand Pines/ San Marcos Camp or their Health Care representatives with the following exceptions:

None or Listed \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(If you are over 18, you may sign for yourself).

Please send your completed registration form to:  
Thousand Pines Conference Center PO Box 3288 Crestline, CA 92325 – Fax 909.338.3511