CAMPER REGISTRATION/CONSENT & RELEASE FORM

CHURCH NAME: _____ CAMP DATES: _____

Please type or print legibly in DARK INK. Don't leave anything blank! We cannot assume that a blank space means "none," so if your answer is "none" or "not applicable", please write in "none or "N/A". Forms with mission information will be returned to you.

Name (First _____ (Last)_____ Sex (M/F)_____
School Grade completed as of camp_____ Birth date_____/_____/_____ Age Now_____ T-Shirt Size _____
Home Phone (Area Code) (_____) _____ Parent E-mail Address: _____
Address_____ City_____ State _____ Zip_____
Church Group I am coming to Camp with: _____
City_____ State_____
Church where I attend or am a member: _____
City_____ State_____
Friend who is coming to camp that I would like to room with: _____

I promise to obey all camp rules and I will cooperate with the Camp staff, the adult leaders and my fellow campers.
Camper's signature _____

Name of parent or Guardian:		Who to contact in an emergency (name and relationship to camper)	
Daytime phone: ( )	Evening phone: ( )	Daytime phone: ( )	Evening phone: ( )
Medical Doctor's name:	Office phone: ( )	Dentist's Name	Office phone: ( )
I understand that any youth or adult with a high fever will be sent home immediately. I hereby authorize the camp nurse or camp director to administer the medication listed on this form. If a medical emergency should arise while the above youth or adult is in attendance at Sabine Creek Ranch, I hereby authorize the camp nurse or camp director to provide care to this youth or adult and/or transport them to a medical facility. I further authorize the health care provider to administer necessary care upon arrival at the medical facility. Signature of parent/guardian or adult camper: _____ Print name: _____ Date:_____			

I certify that I am aware of the inherent risks to my child associated with participating in camp activities, including archery, BB range, swimming and ropes course, and residing on camp property. I give my child permission to participate in all organized camp activities. I agree to be financially responsible for any damage to or destruction of camp property, including, but not limited to, acts of graffiti by my child. I agree that in the event my child becomes a discipline problem, my child will be sent home at my expense and forfeit all monies paid.

The undersigned, whether rider, or parent/legal guardian of rider agrees to defend, indemnify and hold Eddie Walker, Sarah Walker, Gospel Association of Dallas DBA Sabine Creek Ministries, Sabine Creek Ranch, Inc..., A Texas corporation, and its or their employees, agents, subcontractors, officers, directors, and owners (hereinafter collectively referred to as "Management") harmless from and against any liability for any injury, loss or death suffered while on the premises or while engaged in any activity whatsoever or in any location whatsoever that is in any way associated with Management, and from and against any and all claims, losses, liabilities, attorneys' fees, medical fees, costs and expenditures incurred by or asserted against Management, and from and against any and all claims including claims for injury or loss suffered, whether or not such injury or loss resulted directly or indirectly, from any reason including, but not limited to, the negligent or grossly negligent acts or omissions of Management. In other words, I agree to defend, indemnify and hold management harmless for its own negligence, contributory and gross negligence.

Furthermore, the undersigned agrees that Management shall not be liable or responsible for, and shall be indemnified and held harmless by the undersigned from ad against any and all suits, actions, losses, damages, claims, or liability of any character, type or description, including all expenses of litigation, court costs, and attorney's fees, for injury or death to any person or animal, or injury to any real or personal property, received or sustained by any person or persons, or animal or property, arising out of, or occasioned by, directly or indirectly, the use of the Premises, or any condition of the Premises or any other premises owned, leased or controlled by Management, including claims and damages arising in whole or in part from the negligence or gross negligence of Management, its agents, employees, servants, or any other person entering upon the premises.

I further give permission and consent to Sabine Creek Ranch for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp, I hereby assign full copyright of these photographs to Sabine Creek Ranch with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium.

In the event that any one or more of the provisions contained in this Release shall be held to be invalid, illegal or unenforceable in any respect, that invalidity, illegality, or unenforceability shall not affect any other provision in this Release and this Release shall be construed as if such invalid, illegal, or unenforceable provision had never been included. We authorize medical and surgical treatment or hospital care to be rendered to my child as needed in the judgment of the treating physician chosen by the Sabine Creek Administrator or an employee working under him/her. I/We authorize the Camp Health Officer to administer medications as prescribed and programmed on the Dosage/Time Chart Form.

I have read, understand, and agree to the terms contained above, and sign this on behalf of my child:

Parent/Guardian_____ Date_____
Phone (_____)_____ Address_____

CAMPER INFORMATION

This information is for a (please circle only one):	Child / Youth	Adult (18 or over)
First name:	Last name:	Height: Weight:

All prescription and non-prescription medications must be kept in the Sabine Creek Health Center for administration in accordance with the physician's prescription and parent's instructions listed on this form. With the exception of asthma inhalers, campers are not allowed to keep or self-administer any medications according to the Texas Department of Health. If your child requires prescription or non-prescription, medications while at camp please complete the Medication Dosage/Time Chart. List any medical problems, medical alerts, allergies or other pertinent health information.

Insurance Information

Insured parent_____

Health Care Provider_____ Phone #_____

Policy ID #_____ Group #_____

Primary Care Physician_____ Phone #_____

Please attach a copy of your current insurance ID card.

Medical History

Circle any conditions camper or adult has or has had: Diabetes Epilepsy Asthma Heart Thyroid Kidney Other Specific Explanation:		
Broken bones (list bones):	Bleeding Disorders:	Any other condition:
*Allergies (any and all):		
*****IMPORTANT! – Please check your child for head live at this time and, especially prior to departure for the camp.*****		

Medications and Injuries

List any injuries or illnesses camper is addressing as they begin camp: (i.e. – broken bones, sprains, chronic conditions, etc.):	
List only medications currently being taken by camp participant and sent with them to camp:	Specific instructions on taking each medication, i.e. how much, how often, certain times, etc....
1.	
2.	
3.	
4.	

All medications must be sent in a Ziploc bag with camper name and church clearly marked on it. ***It must be in the original container.* According to Texas law, all medications, prescription & non-prescription, must be held & dispensed by the camp nurse or physician ***ONLY***. The only exceptions are asthma inhalers or other emergency meds that need to be carried at all times but they ***must*** be reported & listed here.

I give my permission for the Health Care Provider to give the over-the-counter medications circled below in accordance with standard label directions:

Tylenol/Acetaminophen *Advil/Ibuprofen* *Antihistamine* *Decongestant* *Cough Medicine*

**These meds must also be in the original container.*