

CAMPER - PERSONAL HEALTH AND MEDICAL SUMMARY

Name of personal physician _____ Ph.() _____ - _____
Personal Health Accident Insurance Carrier _____ Policy# _____
Medical Record #: _____

MEDICAL INFORMATION PAST AND PRESENT

Known Health problems: Asthma _____, Heart Disease _____, Allergies _____, Convulsions _____, Diabetes _____, Hemophilia _____,
High Blood Pressure _____, Other _____

Explanation for above _____

Allergies: Food _____, Plants _____, Poison Ivy _____, Medicines _____, Insect Bites _____, Other _____

Explanation for above _____

Any reason to restrict full activity including swimming, long hikes, strenuous activities? - Yes _____ No _____

List any conditions limiting full participation. (Physical or emotional) _____

Any reasons for medicines to be taken at camp? - Yes _____ No _____ If so, list medicines, send ample supplies and directions for use _____

Any contagious disease _____

NOTE: Camp insurance will cover only the first \$100.00 of medical needs per child. Please provide **insurance form and or card from your insurance company.** The hospital requires both the camp form and your insurance information.

MEDICAL RELEASE: In case of illness or injury, Park Creek Bible Camp faculty has my permission to procure medical treatment for the below named minor. I understand that Park Creek Bible Camp only provides minimal coverage and I am responsible for any and all such fees and charges arising from illness/injury that may occur over \$100.00.

LIABILITY RELEASE: The undersigned, for himself or herself and personal representatives, assigned. heirs and next of kin (herein referred to as releasers), hereby releases, waives, discharges and covenants not to sue Park creek Bible Camp, its agents, servants and teachers (herein referred to as releases) from all liability to the releasers for all loss or damage and any claim or demands on account of injury to the person or property or resulting death of the releasers, whether caused by the negligence of releases or otherwise while participating in activities associated with summer camp. The undersigned is fully aware of the inherent hazards and hereby elects to participate voluntarily and assume all risks of loss, damage or injury that may be sustained by camper named: _____

Tylenol, aspirin, and antihistamines release: **(If acceptable, initial)** _____

The undersigned has read and voluntarily signs this medical release and waiver of all liability and assumption of risk agreement.

Releaser signature _____ **Date:** _____

ALL CAMPERS MUST HAVE THIS INFORMATION ON FILE DURING THE WEEK OF CAMP

T-shirts available for \$10.
Order yours today!!!

Volunteer Registration PARK CREEK BIBLE CAMP

A Ministry of Cal/Nevada Church's Of Christ
P.O. Box 41344, Sacramento, Ca. 95841
Phone (916) 332-9115

Date Rcvd. _____
Ck # _____ Cash _____
SPI Release: Yes - No
\$30.00

NAME _____ AGE ____ M ____ F ____ BIRTHDAY ____/____/____
(Last) (First) (M)

Address: _____
(Street) (City) (STATE) (ZIP)

T Shirt Size (circle one): Youth - XS - S - M - L This is my ____ year at Park Creek Bible Camp.
Adult - S - M - L - XL - 1X - 2X - 3X

IN THE EVENT OF EMERGENCY NOTIFY:

NAME: _____ RELATIONSHIP _____ Ph. () ____ - _____

I request to serve: Senior Week - Junior Week (circle week)
(13-18 years) (10-13 years)

What local Church are you a member of? _____

Please submit this form, registration fee, and the "Park Creek Bible Camp-Volunteer Request Form" to you local Minister or other church leader.

Approved by local church Minister or Elder: _____

CAMP RULES

Please read rules and initial as indicated on form above.

1. All campers must be subject to those in charge and manifest a positive attitude.
2. All campers must be present for all camp activities unless excused by the camp manager.
3. No one is to leave camp without proper notification to the camp manager.
4. Safety, respect and modesty must prevail in dress at all times. **No shorts, tank tops, half or low cut shirts, spandex, or shirts with unwholesome messages printed on them.**
5. No pairing off in isolated places or hand-holding or such like.
6. Notify camp nurse of all accidents or injuries.
7. No vehicle is to be operated by camper at camp.
8. Absolutely no fireworks (fireworks are against the law in the forest.), firearms, tobacco, drugs, or alcohol at camp. Having any of these at camp will be reason for expulsion.
9. Anyone sent home for disciplinary actions will not be permitted back to camp that week or the next year. It will be the parent's responsibility to pick up any camper expelled for disciplinary reasons.
10. Campers are not allowed on the campgrounds on Sunday before 3:00 p.m. (first day of camp) and must be picked up on Saturday by 10:00 a.m. (last day of camp) without special permission from the manager.
11. Cell phones, iPods, MP3 Players, CD Players, video games, radios, magazines, comic books, or secular books are not permitted.
12. Campers are not to possess non-prescription medications at camp. Prescription medications (excepting inhalers for asthma) are to be given to camp nurse and dosage information must be included on health form.

Rules for acceptance and participation in the camp program are the same for everyone without regard to race, color, national origin, age, sex, or handicap.
(OVER) Page 1 of 4

The Weather can get as low as 35 degrees at night, so send warm clothing and a warm sleeping bag.

VOLUNTEER - PERSONAL HEALTH AND MEDICAL SUMMARY

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CONFIDENTIAL CAMP VOLUNTEER QUESTIONNAIRE

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care of all children, youth, and volunteers who participate in church/camp sponsored activities.

1. Adults who have been convicted of either sexual or physical abuse are not allowed to volunteer service in any church/camp sponsored activity or program for children or youth.
2. All adult volunteers working with youth or children are required to be members of the Congregation for a minimum of six months.
3. Adult volunteers are required to observe the "two adult" rule. This requires that adults are never secluded alone with children or youth without an adult partner.
4. Adult volunteers are required to immediately report any behaviors that seem inappropriate or abusive to security.

As a PCBC volunteer, do you agree to observe all church/camp policies regarding working with youth or children?

Yes
 No

I authorize a confidential background check by PCBC.

Yes
 No -Those declining a background check will not be able to serve during church sponsored youth camps.

Please print name: _____ Date of Birth: _____

Other Names Used: _____ (Maiden, alias', legal name change, etc.)

Sex: Male Female Driver's License: _____

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

Address if different in the last 7 years: _____

Driver's License: _____ State: _____ Telephone # _____

Have you ever been convicted of any crime? Yes _____ No _____

If "Yes," explain: _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize my local minister or elder to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Tyler Street Church of Christ/Park Creek Bible Camp, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempt to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization related to me in this application.

3 of 4

Should my application be accepted, I agree to be bound by the Bylaws and policies of Tyler Street Church of Christ/Park Creek Bible Camp, and to refrain from unscriptural conduct in the performance of my services on behalf of the Church/Camp.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Please give your \$30 fee (for help to cover food cost) to local minister or elder with this completed application.

Applicant's Signature: _____ Date: _____

Approved by local Minister or Elder

_____ Date: _____

Church: _____

Local Minister or Elder: Please ensure form is completed and includes a contribution for food, and mail to:

**Tyler Street Church of Christ,
Stewart Brown, PCBC Director
P.O. Box 41344
Sacramento, CA 95841**

T-shirts available for \$10.
Order yours today!!!

Pre-Camper Registration PARK CREEK BIBLE CAMP

A Ministry of Cal/Nevada Church's Of Christ
P.O. Box 41344, Sacramento, Ca. 95841
Phone (916) 332-9115

No Charge for Pre-campers
who are attending with
volunteer parents.

NAME _____ AGE _____ M _____ F _____ BIRTHDAY ____/____/____
(Last) (First) (M)

Address: _____
(Street) (City) (STATE) (ZIP)

Child T Shirt Size: XS - S - M - L WEEK CAMPER WILL ATTEND: Senior Week - Junior Week

Parent/Guardian: Child is attending with (please print) _____ Ph. () _____ - _____

Parent is responsible for their pre-camper at all times.

Photo's: If you DO NOT want your child's photo used in promotional material, check here _____

Print Name(s) _____ PARENT(S) SIGNATURE: _____

***IMPORTANT:** Please have Minister or other leader from your Church check forms and sign below:

I HAVE CHECKED PRE-CAMPER'S FORMS AND THEY ARE COMPLETED PROPERLY:

(Church Leader's signature)

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