

CEDAR SPRINGS CAMP REGISTRATION

Instructions

Thank you for your interest in one of Cedar Springs events! To register, you must follow these steps:

1. Complete this form, including the emergency contact information, medical history, grade information and general release.
2. Make sure that you, the parent/guardian, read and sign the release form(s). In the event that your camper is a foster child, you must have a case manager sign
3. Enclose a check or money order for the appropriate registration fee OR follow the instructions given by your individual church.

If registering with your church group, make checks payable to your local church and return it to church office/pastor. Otherwise, make check or money order out to "Cedar Springs Camp" and send registrations to: 1260 River Rd, Floyd, IA 50435

Camper Information

Date ____ / ____ / ____

Camp Name _____ Camper Name _____

Address _____

City _____ Zip _____ Camper Birthdate ____ / ____ / ____

Gender: M F Completed Grade (As of May) _____ Camper Phone Number (_____) _____ - _____
 Home Mobile

Camper Email _____

Camper T-Shirt Size: Kids S Kids M Kids L Adult XS Adult S Adult M Adult L Adult XL Adult 2X Adult 3X

Parent/Guardian Name(s) _____ Parent's Phone Number (_____) _____ - _____

Emergency Contact Name _____ Emergency Number (_____) _____ - _____

Do you attend a church? Yes No If Yes, what's your church's name? _____

How did you find out about Cedar Springs Camp? Friend Church Facebook Newsletter Flyer Sign

MEDICAL INFORMATION

Recent surgeries or illnesses _____

May over-the-counter drugs be given? Yes No

Special needs (e.g., medications*, diabetes, asthma, physical/mental/behavioral challenges, communication or cultural difficulties, ADHD, etc.) _____

* All medications must be in original containers and dispensed by camp nurse.

IMMUNIZATIONS (Please specify month/year)

DPT ____ / ____

Polio ____ / ____

Tetanus ____ / ____

MMR ____ / ____

Hep B ____ / ____

Other ____ / ____

INSURANCE INFORMATION

Insurance Provider _____ Policy # _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ - _____

Insured's Name _____ Birthdate ____ / ____ / ____

Please attach a copy of both sides of your insurance card.

ALLERGY INFORMATION

Environment _____

Medicine _____

Food _____

Other _____

FOR CHURCH/CAMP USE

General Release

CAMPER shall refer to the person identified on the reverse of this sheet and participating in Cedar Springs Camp.

GUARDIAN shall refer to the parent or legal guardian of **CAMPER**.

CAMP shall refer to Cedar Springs Camp.

IT IS THE INTENTION OF GUARDIAN BY THIS AGREEMENT TO EXEMPT AND RELIEVE CAMP AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH OF CAMPER CAUSED BY ANY ACT OF NEGLIGENCE OF CAMP AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES.

For and in consideration of permitting **CAMPER** to observe, or use any facility or equipment of **CAMP**, or engage in and/or receive instruction in any activity or activity incidental thereto SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY at: **CAMP** for the duration of the event, the undersigned **GUARDIAN** of **CAMPER** hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to **CAMPER** as a result of **CAMPER**'s observing or using facilities or equipment of **CAMP**, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.

The undersigned **GUARDIAN** of **CAMPER** for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against **CAMP** or its officers, agents, servants, or employees, the undersigned **GUARDIAN** will indemnify and hold harmless **CAMP** and its officers, agents, servants, or employees from any and all claims or causes of action by **CAMPER** or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned **GUARDIAN** of **CAMPER** present any claim against **CAMPER** and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by **CAMP** and said persons. The undersigned **GUARDIAN** represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned **GUARDIAN** intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

GUARDIAN further consents to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for **CAMPER**. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. **GUARDIAN** further agree to pay all charges for the dental, medical, or hospital care or treatment.

GUARDIAN certify that he/she is responsible for the health care decisions of **CAMPER** and is authorized to consent to the services to be rendered. **GUARDIAN** represents that his/her consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to **CAMPER** is legally sufficient and that no consent from any other person is required by law.

GUARDIAN authorizes use of photos or video take of child at camp for promotional purposes.

_____ Date ____ / ____ / ____

Signature of parent or guardian (If camper is a foster child, the case manager must sign.)