



HIGHLAND LAKES CAMP – ADULT REGISTRATION FORM

SUMMER CAMP ATTENDING: _____ DATE OF CAMP ____/____/____ THROUGH ____/____/____

NAME: First _____ Middle _____ Last _____

MAILING ADDRESS: _____ City _____ State _____ Zip _____

DOB: ____/____/____ AGE: _____ SEX: Male or Female T-SHIRT: _____ Adult Size

NAME OF CHURCH OF GROUP WITH WHOM ATTENDING CAMP: _____ CITY: _____

CONTACT NUMBER: Daytime (____) _____ Email: _____

HAVE YOU BEEN CONVICTED OF A FELONY: Circle Yes or No If Yes, explain: _____

Medical Information

EMERGENCY CONTACT: _____ RELATIONSHIP TO CAMPER: _____

PHONE NUMBER OF CONTACT PERSON: DAYTIME (____) _____ EVENING: (____) _____ OTHER: (____) _____

IF UNABLE TO REACH ABOVE PERSON: Notify: _____ Relationship to Camper: _____

PHONE NUMBER OF CONTACT PERSON: DAYTIME (____) _____ EVENING: (____) _____ OTHER: (____) _____

FAMILY PHYSICIAN: _____ PHONE: (____) _____

MEDICAL INSURANCE Yes No MEDICAL INSURANCE COMPANY: _____

PLAN OR GROUP #: _____ (Attach a copy of card) POLICY HOLDER NAME: _____ POLICY HOLDERS DOB: ____/____/____

Significant Allergies (Circle Yes or No)			Provide Detail
Food Allergy	Yes	No	
Insect Sting	Yes	No	
Medicine/Drug	Yes	No	
Plant/Pollen	Yes	No	
Other	Yes	No	
Special Diet	Yes	No	
Other Medical Information (Circle Yes or No)			Provide Detail
Recent Surgery? (Specify surgery and year)	Yes	No	
Immunization Current?	Yes	No	
Tetanus Shot?	Yes	No	
Will you be bringing medication to camp? (If yes, fill out medication form)	Yes	No	
Any physical limitations?	Yes	No	
Any other medical need to enable us to provide quality care?	Yes	No	
Diseases, Chronic or Recurring Illness (Circle Yes or No)			Provide Detail
Asthma	Yes	No	
Bleeding Disorder	Yes	No	
Dermatological	Yes	No	
Diabetes	Yes	No	
Ear Infections	Yes	No	
Heart Defect	Yes	No	
Seizures	Yes	No	
Stomach Condition	Yes	No	
Emotional	Yes	No	



HIGHLAND LAKES CAMP – ADULT REGISTRATION FORM (CONTINUE)

CAMPER NAME: _____ SUMMER CAMP ATTENDING: _____
 First Middle Last
 CHURCH: _____ CITY: _____

Health Care and Camp Permission (Circle and Initial Yes or No)

I give my permission for first aid techniques and simple health care to be administered as the need arises.	Yes	No
I give permission to receive consultation from the Camp medical director in accordance with the standing orders of the Camp Physician and be given the following medications as indicated by checking below.	Yes	No
Acetaminophen (i.e. Tylenol)	Yes	No
Ibuprofen (i.e. Advil)	Yes	No
Antihistamine (i.e. Benadryl, Claritin)	Yes	No
Decongestant (i.e. Sudafed)	Yes	No
Antihistamine Cream	Yes	No
Antacid Tablet (i.e. Tums)	Yes	No
Additional medications as indicated/prescribed by HLC Medical Director	Yes	No

I hereby attest that all medical history and information provided on this Medical Form is complete and accurate to the best of my knowledge that I am in acceptable health, physical ability, and emotionally ready to fully participate in camp. I will participate in all activities associated with the enrolled event with the exceptions of those that are noted.

I, _____ Give my permission to Highland Lakes Camp and Conference Center’s management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure my well-being. I, the undersigned, do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Highland Lakes Camp sponsored activities.

I Agree to the above statement regarding medical history and treatment.

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND LIABILITY WAIVER

Highland Lakes Baptist Encampment d/b/a Highland Lakes Camp & Conference Center will hereinafter be referred to as the “Camp”. The Camp requires a signature for anyone attending and participating in any Camp activity including but not limited to Challenge/Ropes Course (highs and lows), Paint Ball, Water Crafts, Water Toys, Swimming Pool, Bicycle Course, Archer’s Quest, Gaga Ball, Basketball, Football, Baseball, Softball, Volleyball, and any and all other camp and recreational sports and activities. Attendance and activities at Camp may also have exposure to the elements, and animals, such as snakes, and insects. Camp takes all reasonable precautions to ensure a safe and enjoyable experience. Parts of the experience can be physically demanding and include varying levels of stress and anxiety. The decision to attend the Camp and participate in any Camp activity **IS AT ALL TIMES COMPLETELY UP TO THE PARTICIPANT’S CHOICE**. There are risks for participants at any level of activity which must be assumed by the participant. *If there are concerns about participation in any activity, please attach a sheet describing why you or your child should not participate in a specific activity.*

I understand that attending Camp and participating in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of participating in Camp activities. I agree to assume such risks and responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Highland Lakes Baptist Encampment d/b/a Highland Lakes Camp and Conference Center, it’s owners, officers, directors, trustees, agents, employees, and/or volunteers, from any and all claims for physical and/or emotional injury, that I may have sustained in connection with my attending Camp and with my participation in any and/or all Camp activities. I understand the directors of Highland Lakes Baptist Encampment reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the Camp as determined by the discretion of the directors. I understand that use of alcohol, tobacco products, illegal drugs, and any kind of weapon is strictly prohibited at all Highland Lakes Baptist Encampment programs.

Furthermore this form releases the Camp to photograph and/or use the photographs of myself or my child for use in its publications, advertising, and promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp.

I have read the **Camp Rules**, and agree to abide by all established regulations. I understand I am responsible to enforce the rules with the campers under my supervision. I further understand that if I disregard the Camp rules that I will be dismissed and sent home at my own expense. I understand that I will be held financially responsible for any property damage I might cause.

I have read (or had read to me) this complete document and I understand the information contained herein. I will participate in all camp activities, unless written notification attached specifies otherwise.

By checking the “I Agree” box below designates agreement to *Attend, Participate, Assume all Risk, and Release* in order to attend Camp and to participate in any Camp activity.

I Agree to the above statement.

State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original container (prescription or over-the counter) properly labeled as prescribed by law. Prescription labels must have the camper’s name and current dosage. A current Medication Administration Authorization Form MUST accompany all medication(s). Medications and Administration instructions will be collected and reviewed by HLC Medical staff upon camper arrival. HLC Medical staff requests that you NOT send over the counter medications such as Tylenol, Ibuprofen, Benadryl or antihistamines. HLC stock an assortment of over the counter medications for the occasional need.

I Agree to and will comply with the above statement regarding medication.

X _____
 Required Adult Sponsor/Leader Signature

 Date