



Registration and Medical Release Form

(This form may be reproduced but not altered.)

Camp Attending: _____ Camp Date: _____ Sponsor Church: _____

Name _____ Sex _____ Grade Completed _____ Birthdate _____

Address _____ City _____ State _____ Zip Code _____

Are you a Christian? _____ Church Membership _____

I have read and agree to abide by the Alto Frio Baptist Encampment camper rules and will cooperate with the leaders and fellow campers.

Camper's Signature _____

Parent/Guardian Name(s) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone Number (____) _____ Alternate Phone Number (____) _____

Family Physician's Name _____ Phone number _____

Name of primary insurance policy _____ Policy number _____

Date of last Tetanus shot _____ Is camper allergic to Tetanus booster? _____

Date of Oral Polio Vaccine _____ Date of Measles/Mumps/Rubella Vaccine _____

Has camper had:

Appendix removed? _____
Chickenpox? _____
Fainting spells? _____
Asthma? _____
Heart trouble? _____
Convulsions? _____
Diabetes? _____
Allergies to food or medicine? _____
Specify _____
Allergies to bites or stings? _____
Specify _____
Any other allergies? _____
Specify _____

Medication Authorization:

Is camper taking any medication that must be given at camp? _____

If yes, please complete the following:

Please administer to _____

The following medication(s): _____

Dosage: _____

Time: _____

Date of Camp: _____

Signature: _____

In consideration for your agreeing to accept the above named individual as a camper, I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician chosen by the Alto Frio Administrator or his representative. I understand the twenty-four (24) hour first aid station is available. I further understand that limited secondary accident and illness coverage is provided.

I expressly understand and acknowledge that during the course of the camp photographs or video footage of my child may be taken and I hereby give permission for such photographs or videos to be used on the camp website and/or promotional materials for the camp.

Parent's Signature _____

Other person to notify in case of emergency: _____

Name _____

Phone _____

Additional Medication Information:

Please administer to _____

The following medication(s): _____

Dosage: _____

Time: _____

The following medication(s): _____

Dosage: _____

Time: _____

The following medication(s): _____

Dosage: _____

Time: _____



CHALLENGE COURSE PARTICIPANT INFORMATION & RELEASE OF LIABILITY

DISCLOSURE

Challenge course programs involve a variety of activities that often include warm-ups, games, group initiative problems, and high and low ropes course elements. The level of participation in all challenge course activities is at all times completely voluntary and up to the individual's choice. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

Policy for participation in the Alto Frio challenge course requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so they are prepared to respond appropriately if the need arises.

This information will be read by your Alto Frio course facilitators ONLY and kept in strict confidence.

Part I. General Information (please print)

1. Name _____
2. Street _____ City _____ State _____ Zip _____
3. Home phone _____ Alternate Phone _____
4. Age _____ 5. Height _____ 6. Weight _____ 7. ☐ Male ☐ Female
8. Person to be notified in case of emergency _____
9. Emergency contact phone number (home) _____ (work) _____

Part II. Medical Coverage & History

1. Do you have health/accident insurance? YES ☐ NO ☐

Name of Company _____ Policy # _____

2. Please check if you have or have had any problems with the following:

- 1 ___ Problem with hearing – require hearing aid
- 2 ___ Dizzy spells, fainting, convulsions
- 3 ___ Shortness of breath, asthma on exertion
- 4 ___ Chest pains on exertion
- 5 ___ Heart problems
- 6 ___ Low or High blood pressure
- 7 ___ Hernia
- 8 ___ Chronic pain in neck, back, shoulders, arms or legs
- 9 ___ Broken bones, joint dislocations, serious sprains, weakness of muscles
- 10 ___ Joint pains, swelling or stiffness without injury
- 11 ___ Any severe injury to head, chest, internal organs
- 12 ___ Any surgeries
- 13 ___ Severe illness requiring hospitalization or prolonged incapacitation
- 14 ___ Episodes of depression, anxiety, hysteria, nervousness
- 15 ___ History of diabetes, thyroid trouble, bleeding problems

16 __ Currently on any medications? If so, what? _____

If you marked any of the medical issues listed, please list details below according to item number. Please be specific! (e.g. Include item#, dates, history of condition, medications,etc.) _____

Any other conditions that might effect your safe participation in this program?

Are you allergic to any of the following?

Medications - _____

Insect bites - _____

Other - _____

In your own words, give a brief description of your overall general health condition.

RELEASE OF LIABILITY

I understand that parts of the Alto Frio challenge course program may be physically/ emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in challenge course activities. I understand that the level of participation in these activities is at all times completely voluntary and up to the individual's choice. Also, I recognize the inherent risk of injury or disability in challenge course activities and understand that each participant must assume the risk of injury that could result from any of the activities. I release Alto Frio Baptist Encampment and it's staff members, principals, and board from all liability for any injury to me from participation in Alto Frio challenge course activities.

Date _____

Participant's Signature

Above name PRINTED _____

Parent or Guardian's Signature (if participant is under 18 years)