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REGISTRATION AND HEALTH FORM

Intermountain Christian Camp
108 Christian Church Camp Rd, Fairfield, ID 83327
iccfairfield@gmail.com

- SWAT Youth Leadership, 9th Grade & up, June 13-20, 2020, \$275, \$100 Deposit upon acceptance, \$50 Late Fee after May 22
 - Middle School, 6-8 Grade, June 21-26, 2020, \$155 Early Bird Form & Fee Registration, \$195 after June 8
 - First Chance, 2-3 Grade, June 28-30, 2020, \$50 Early Bird Form & Fee Registration, \$60 after June 15
 - High School, 9-12 Grade, July 5-10, 2020, \$175 Early Bird Form & Fee Registration, \$215 after June 22
 - Jr. Camp, 4-5 Grade, July 12-17, 2020, \$155 Early Bird Form & Fee Registration, \$195 after June 29

PLEASE NOTE: *Camper registration & fee must be postmarked by the above date to qualify for the discount.
Refund Policy: 100% prior to 1 week of camp, anytime after that is 50%.

LEGAL GUARDIAN, PLEASE FILL IN BOTH SIDES AND SIGN IT

Camper Name _____ Male, Female
Last First

Address _____

City _____ State _____ Zip _____

Age _____ Birthday _____ Grade this Fall _____

Home phone number _____ E-Mail address _____

Parent/Guardian _____ Work phone _____

Emergency name & phone number **if legal guardian cannot be reached:**

Name	City	Relationship to camper	Phone

With whom is the camper to leave camp? _____
(Picture I.D. required of this driver)

Has camper been water baptized by immersion? Yes, No

Home Church _____

Does the camper have any medical problems? Yes, No. If so, give details.

Is the camper on special medication or diet? Yes, No. If so, give details.

Does the camper react to penicillin or other drugs? Yes, No.

Please **CHECK** the medication the camper **CAN BE GIVEN** if the need arises:

- Aspirin Tylenol Ibuprofen Maalox Tums
- Imodium Pepto-Bismol Benadryl Claritin

Is the camper restricted from strenuous activities? Yes, No. If so, give details.

Date of last tetanus booster _____



Name of primary insured _____ Primary Health Ins. Co. Name, Address, & phone number _____
Insurance Policy number _____ Insurance group number _____

I certify that the named child is able to attend and participate in Christianity being taught and in any activity directed by Intermountain Christian Camp such as:
bike riding, swimming/water activities, movies/media, competitive games, service projects, etc.

Permission is also granted for my/our child to ride in any vehicle designated by his/her counselor or the camp director while participating in or traveling to and from such activities.

If there are any activities in which you **do not** wish your child to participate, please list them here.

Photos and/or video may be taken of your child for promotional purposes such as brochures, posters, or the camp website. By signing form at bottom, you give permission to the camp to use the videos and photos if necessary. If you chose NOT to do so, please note it here:

In the event that an emergency occurs, I hereby give permission to the physician selected by the Intermountain Christian Camp to secure proper treatment for my child as named in this form.

I may be reached at the telephone number provided.

If I and/or emergency contact person cannot be reached within a reasonable period of time, as determined by church/camp officials, I hereby authorize the church or camp officers to make emergency medical decisions, including anesthesia, for my child.

This is also to certify, to the best of my knowledge, that the named child has no physical defects or illnesses (except as noted on this form).

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERE TO.

I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge

Church and the Intermountain Christian Camp,

and its agents, employees, and volunteers, from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the states of Idaho, Oregon, Montana and Utah and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that **I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AT MY OWN FREE ACT.**

I understand that this is a legally binding agreement.

Guardian Signature _____ Date _____

Printed Name _____ Date _____

Grades 4-12: **Check in** at 4:00 p.m. on Sunday, **Check-out** at 4 pm on Friday.
Grades 2-3: **Check in** at 4:00 pm on Sunday, **Check out** at 10 am on Tuesday.

No visitors during camp without prior approval.