



2017 Registration & Health History Form - **Alpine Men's Conference 2017**  
November 3 - 5, 2017 \$165.00 (Register by September 14, 2017 and save \$10)

|                          |  |                                 |             |
|--------------------------|--|---------------------------------|-------------|
| Participant Full Name:   |  |                                 |             |
| Church/Org. Name:        |  |                                 |             |
| Spouse's Name:           |  | Spouse's Phone:                 |             |
| Address:                 |  | City:                           | State: Zip: |
| Cell: ( )                | Other Phone: ( )   |                                 |             |
| Email:                   | Would you like to receive information on upcoming events at Alpine? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                 |             |
| Emergency Contact:       |  | Relationship to Camper:         |             |
| Emerg. Contact Cell: ( ) |  | Emerg. Contact Other Phone: ( ) |             |
| Roommate Request:        |  |                                 |             |

**Health Information** (Attach additional pages as needed) *\*You must notify Alpine of participants who have been exposed to a communicable disease within the two weeks prior to camp.*

I am 18 or older and choose to decline to provide Health History Information.

|  |  |                                    |
|--|--|------------------------------------|
| Describe any activity restrictions while at camp; or "None":   |  |                                    |
| Describe any past medical treatments relevant to participating in camp activities; or "None":  |  |                                    |
| Describe any allergies or dietary restrictions; or "None":   |  |                                    |
| Approx. date of last Tetanus Shot:   | Are other immunizations current?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Approx. date of last Medical Exam: |
| List all medications sent to camp (All medications must be sent in original prescription bottle with the pharmacy's label):                      |  |                                    |
| May Tylenol, Benadryl, Cough Drops, or "Tums" be administered? Yes <input type="checkbox"/> No <input type="checkbox"/>                          |  | If 'No', explain:                  |
| Describe any current medical and/or behavioral conditions that require medications, treatment, or special restrictions while at camp; or "None": |  |                                    |
| Physician's Name/Address/Phone:  |  |                                    |
| Health/Medical Insurance Carrier:  | Policy#  |                                    |

I am also applying for scholarship assistance. (Financial information must be complete in order to process scholarship)

|  |
|--|
| Total number of people in household: #           |
| Total Household gross income from any source: \$ |

*By signing the bottom of this form, the signer acknowledges they have read and understand the following:*

## Permissions, Liability of Release Acknowledgements and Agreements

- I, the undersigned, hereby give permission for the above named participant to attend the sponsored program by Alpine Camp and Conference Center. I agree to release and hold harmless Alpine or its agents/owners/officers/consultants for any and all claims for injuries, causes of action, the rendering of emergency care, or liability related to use or participation in all activities. These activities may include, but are not limited to: ropes course, air-soft, lazer-tag, rock climbing, and other recreational activities. I also give permission for participation in any off-site activities and/or to be transported to and from any off-site activities, or emergency locations, if any, by authorized vehicles.
- I hereby give my permission for non-prescription medication and first aid treatment to be given to the participant if deemed advisable by the Alpine staff.
- I am fully aware that the Outdoor Adventure, Higher Ground programs, and Air-Soft Course at Alpine Camp and Conference Center that I am choosing to participate in, may include rigorous, physical activities and may involve some risks, physical injury, permanent disability, or possible death from participating. I voluntarily elect to participate in the program and assume the risks of injury or harm that could result from that participation.
- In the event of an emergency where the participant requires treatment, I hereby give permission to the physician selected by the Group Leaders or Alpine staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the above named participant.
- I give permission to Alpine to photograph and video tape the participant for the use in any future promotional materials, including Alpine's website postings, without expectation of compensation. I also understand that I am financially responsible for any lost or stolen rental equipment that the above participant rents from Alpine Camp.

## Signatures (Required)

I certify that all of the above information is true and correct, and have read and understand the Permissions, Liability of Release Acknowledgements and Agreements.

Adult Participant Signature \_\_\_\_\_ Date \_\_\_\_\_