



# 2017 Registration & Health History Form **Work & Worship Weekend-** Spring May 12<sup>th</sup> - 14<sup>th</sup> 2017

Participant Full Name:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Church/Org. Name:			
Parent/Guardian/Spouse Full Name:		Parent/Guardian Relationship:	
Address:	City:	State:	Zip:
Cell: ( )	Home Phone: ( )	Other Phone: ( )	
Email:		Relationship to Camper:	
Emergency Contact: (other than parent)		Relationship to Camper:	
Emergency Contact Home: ( )	Cell: ( )	Other Phone: ( )	
Cabin Mate 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":

Approximate date of last Tetanus Shot:

Are other immunizations current? Yes  No

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  No  Date of last medical exam:

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#

## Permissions, Liability of Release Acknowledgements and Agreements

- I, the undersigned, hereby give permission for the above named camper 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, airsoft, rock climbing, tubing, swimming, 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 child if deemed advisable by the Alpine staff.
- I am fully aware that the Outdoor Education, Higher Ground programs, and Airsoft Course at Alpine Camp and Conference Center that I am choosing to participate in or allowing this child 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 that I cannot be reached in an emergency and I require 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 camper.
- I give permission to Alpine to photograph and video tape me 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.

Parent/Guardian/Adult Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mailing Address: PO Box 155, Blue Jay, CA 92317 Email: info@alpine-cc.org Fax: 909 337 2574 Phone: (800) 350-6289