

Date:

Address: _____ Age: _____

REGISTRATION CHECK LIST:

○ IBC Medical Release Form

IMPORTANT INFORMATION:

A completed registration form and payment must be turned in to the **church** with whom your child will be attending camp. The Liberty Baptist Association office can only accept registration forms and fees in the form of a **GROUP** registration packet from a sponsoring church. Any discount or refund can only be extended from a sponsoring church; LBA will not issue discounts or refunds. Your church will submit one check that covers a \$50 deposit for each attendant along with registration forms by June 1. Priority cabin assignments go to the churches who turn in deposits and completed registration forms first. Your church will bring a second check to the first day of camp to cover the balance of each attendant.

Please carefully and thoroughly complete the following four registration pages. We cannot register your camper without completed forms. Please note the ropes waiver requires a doctor's note for some health conditions. Keep page six so that your camper will know what to pack.

BEECH SPRINGS CAMP

Camper Health Information *and* Assumption of Risk and Release

[PRINT CLEARLY]

Name of Participant _____ Birthdate _____ Age _____ Gender _____

Address _____

Parent Name: _____ Phone: _____ Email: _____

Doctor's Name _____ Doctor's Phone _____

Medical insurance company _____ Policy or group number _____

Emergency Contacts (if parent cannot be contacted):

1. _____ Address _____ Phone _____

2. _____ Address _____ Phone _____

Do you authorize sponsor or camp staff to approve first aid or additional treatment? ____ yes ____ no

HEALTH HISTORY (Circle appropriate answer and describe any YES answers)

1. Any history of heart problems?

2. Frequently suffering from chest pain?

3. History of fainting or dizzy spells?

4. Diagnosed with high blood pressure?

5. Back or joint problems that might be aggravated by exercise?

6. Any operation or serious injuries? Please indicate and give dates.

7. Any disabilities or chronic recurring illness?

8. Are there any activities to be limited or discouraged by physician's advice?

9. Any allergies to any medicines or stings from bees or wasps?

10. History of epilepsy? Diabetes? Asthma?

11. Any food allergies or dietary restrictions?

12. List any health conditions or concerns not addressed above _____

If "Yes", explain here:

No Yes _____

No Yes _____

No Yes _____

No Yes _____

No Yes _____

No Yes _____

No Yes _____

No Yes _____

No Yes _____

No Yes _____

No Yes _____

Please list any medications to be dispensed at Camp _____

Important! If your child is on any medications which are required to be dispensed while at camp, you **MUST** send them in a zip lock bag with his/her name and detailed instructions on when and how to dispense. More information is better than not enough!
If you are not attending camp with your child, please give meds to a group sponsor/chaperone.

Assumption of Risk and Release

I acknowledge that my child's participation at Beech Springs Camp carries certain risks and dangers. These include, but are not limited to, the hazards of being in a wilderness area, the forces of nature, and other reasons concerning this special environment. I have and do hereby assume all risks and will hold staff, officers, and trustees harmless from any and all liability, actions, cause of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my child's participation in any camp activities or related transportation. I, the parent or guardian, accept personal financial responsibility for any injury or other loss and required medical expense. The terms hereof shall serve as a **Release and Assumption of Risk** for my heirs, executors, and administrators and for all members of my family.

Beech Springs reserves the right to refuse participation to any individual or group which presents itself as a liability risk in any of the programs. This is at the sole discretion of the Beech Springs staff.

Beech Springs staff must be made aware of any serious pre-existing medical conditions that merit special attention.

Both parents and/or guardians must sign

Signature of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Beech Springs Camp and Conference Center has put in place preventative measures to reduce the spread of COVID-19; however, the camp **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending camp could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, camp employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at camp or participation in camp programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the camp, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending camp.

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Name of Camp Attendant _____

Date _____

PHOTO AND VIDEO RELEASE FORM

I grant permission to Beech Springs Camp, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child while at Beech Springs Camp for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by Beech Springs Camp. I hereby release Beech Springs Camp and its legal representatives from liability for any violation or claims relating to said images or video.

Furthermore, I grant permission to use the statements of my child during an interview or evaluation with or without their name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right and my child's rights to any and all compensation stemming from the use of these materials.

Signed (parent or guardian) _____ Date _____

CHALLENGE COURSE FORM AGREE/DECLINE/PERMISSION TO PARTICIPATE Beech Springs Camp

The Challenge Course is a ropes course that is an exciting and awesome adventure for any age! This form must be signed in order to participate on the challenge course. It does not commit or force your child to participate; it simply gives us permission to offer this activity. Our philosophy in running adventure courses has always been "*Challenge by Choice*." This means that each individual may participate at a level that is comfortable to him or her whether that is climbing 5' or 30'. There is NEVER any pressure to exceed this comfort level, and we always applaud each and every effort. No one is compared to anyone else. We simply ask that they do *their* individual best.

Due to the heights of ropes courses and climbing walls, it is quite natural for adrenaline levels to increase thus causing the natural response of elevated heart rates and blood pressure. For this reason, ***we require a doctor's written permission for individuals with a history of heart-related problems.*** These individuals are not automatically prohibited from participation but are required to include their doctor's written permission along with this form.

Participant (please print) _____ Camp Dates _____

Sponsoring church or group _____

Please sign/indicate below as appropriate:

1. My minor child ***does not wish*** to participate in the challenge course.

Parent/guardian signature _____ Date _____

2. My minor child wishes to participate in the challenge course and has my / our permission to do so.

In cooperation with the guideline in paragraph 3, a doctor's permission slip is attached.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

HORSE MINISTRY AGREE/DECLINE/PERMISSION TO PARTICIPATE Beech Springs Camp

This form must be signed for your child to participate [ride] in the horse ministry at Beech Springs Camp. It does not commit or force your child to participate; it simply gives us permission to offer this activity. We want to offer your child an opportunity to experience new and exciting adventures. We feel horses are a great way to reach kids. Each individual may participate at a level that is comfortable to him or her. There is NEVER any pressure; we always applaud each and every effort. Your child's safety and wellbeing are our number one priority.

Participant's name (please print) _____ Date _____

Please sign/indicate below as appropriate:

3. My minor child ***does not wish*** to participate in the horse ministry.

Parent/guardian signature _____ Date _____

4. My minor child wishes to participate in the horse ministry and has my / our permission to do so.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

Packing List

(Do not return this page with your registration forms)

1. Bedding
 - Sleeping Bag **OR** blanket and sheets [twin bed]
 - Pillow
2. Towels and washcloths (Note: campers will be participating in water games daily, so send extra towels.)
3. Personal articles
 - Soap
 - Shampoo
 - Toothpaste
 - Deodorant
 - Hairbrush or comb
4. Clothing
 - T-shirts—at least two per day
 - Jeans
 - Shorts (see notes below)
 - Socks and closed-toe shoes for horseback riding and ropes course
 - Underwear
 - Swimwear—at least two suits so one can be hanging to dry while one is being worn
 - Rainwear
 - Comfortable shoes for walking and playing games
5. Study Materials
 - Bible
 - Pen or Pencil
6. If you take medications regularly, these should be left in their original container given to your church chaperone with a note of permission to dispense (including dosage information).
7. Theme night supplies and accessories
8. Chaperones, please bring a can of “OFF” for your group.

What Not to Bring to Camp

1. Electronics of any kind
2. Tobacco products, alcoholic beverages, or drugs
3. Fireworks, firearms, or weapons of any kind (including knives)
4. Pets
5. Money or other valuables

Dress Code

The following guidelines regarding appropriate apparel are for all campers and counselors.

1. It is our goal that our campers dress in a way that will honor Christ. Please keep this in mind as you are planning your camp wardrobe.
2. Shorts may be worn for all activities. They should be no shorter than six inches above the knee. Clothing to be avoided include short shorts (jogging shorts and Soffe shorts), midriffs, and halter tops.
3. Clothing featuring alcoholic beverages, rock groups, or other inappropriate or suggestive messages will not be allowed. No sagging, please.
4. A cover-up must be worn over swimsuits when going to and from the pool. No bikinis, tankinis or French cut swimsuits are allowed – a t-shirt in a color other than white must be worn over the swimsuit during swimming if the suit is too revealing.
5. Clothing worn for arrival and departure must also conform to the dress code.

****Since children can only wear whatever clothing is brought to camp, parents should see in advance that only clothing which meets the policies and spirit of the dress code are brought to camp. Please check your child’s clothing carefully when packing for camp.**

****Church sponsors will be held responsible for seeing that their campers observe the dress code.**

Note: In the event of any confusion in interpreting these rules, the Camp Director’s interpretation will be followed.

MEDICAL RELEASE FORM - CHILDREN

DATE _____

CHILD'S NAME: _____ GENDER _____ AGE _____

GRADE ATTENDING AS OF JANUARY this year _____ DATE OF BIRTH _____

ADDRESS: _____ HOME PHONE: _____

FATHER'S NAME: _____ CELL #: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

MOTHER'S NAME: _____ CELL #: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

LEGAL GUARDIAN OF CHILD: Parents _____ or Other _____

If other, please give name & address: _____

IF EMERGENCY, AND PARENT'S CAN NOT BE REACHED, PLEASE CALL:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PHYSICIAN'S NAME _____ PHONE: _____

PLEASE LIST ANY:

ALLERGIES: _____

MEDICATIONS: _____ **(See back of form)**

ANY HEALTH PROBLEMS: _____ DATE OF LAST TETANUS SHOT: _____

HOSPITAL WITH RECORDS: _____

PRIMARY INSURANCE: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

**Please Attach A Copy Of Your
Current Insurance Card.**

Notary Stamp

I give my permission to any authorized personnel of Immanuel Baptist Church to take emergency measures deemed necessary for the care and protection of my child while under their supervision. In case of accident or illness, I understand that my child will be taken to an appropriate medical facility for treatment. It is understood that in severe situations, the adults in charge may contact the local emergency resource before the parent, child's physician, and other adults acting on the parent's behalf.

I understand that any expenses incurred will be the responsibility of the child's family.

PARENT'S SIGNATURE: _____ DATE: _____

NOTARY: _____ STATE: _____ COUNTY: _____

DATE: _____ MY COMMISSION EXPIRES: _____

**Please list ALL medications
you are currently taking.**

[illegible]