



2277 Rosecrans St.  
San Diego, CA 92106  
619.226.ROCK



### Summer Camp 2008 Registration Form

Senior High: July 6-11       Junior High I: July 13-18       Junior High II: July 20-25

#### Camper Information

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_

Sex:  Male  Female      Grade in Fall 2008: \_\_\_\_\_      Birth Date: \_\_\_\_/\_\_\_\_/19\_\_\_\_

*For harness and safety equipment:*      Height: \_\_\_\_\_ft. \_\_\_\_\_in.      Weight: \_\_\_\_\_(lbs.)

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Camper's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian's First Name: \_\_\_\_\_ Parent/Guardian's Last Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Emergency Contact (**other** than parent/guardian): \_\_\_\_\_

Emergency Phone 1: (\_\_\_\_) \_\_\_\_\_ Emergency Phone 2: (\_\_\_\_) \_\_\_\_\_

#### Health History

Date of Last Physical Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Drug Allergies          | <input type="checkbox"/> Heart Condition  | <input type="checkbox"/> Behavior/Nervous Disorder |
| <input type="checkbox"/> Food Allergies          | <input type="checkbox"/> Asthma           | <input type="checkbox"/> Physical Handicap         |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Stomach Problems          |
| <input type="checkbox"/> Insect Stings           | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Other _____               |

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name, dosage, and frequency of any medications that must be taken regularly or as needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any swimming restrictions:  Yes  No      Any activity restrictions?  Yes  No  
What restrictions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your child should require medical attention at camp for injuries received or illnesses contracted prior to coming to camp, please list for us the information necessary to give your child proper medical service during your child's stay at camp. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SevnOne's camper insurance is for accidents only. If you have medical insurance, your carrier will be billed for medical charges in case of illness while at camp.

Do you have medical insurance?  Yes  No

Family Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Medical Release**

In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by SevnOne to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the first aid attendant on duty at SevnOne Christian Camp to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release.

I hereby give permission for my child, \_\_\_\_\_ to receive any medication listed below on this form as deemed necessary by the Registered Nurse. I have checked those medications I wish to be made available to my child. I understand that generic equivalent medications will be used in place of more expensive brand-name items.

Please check any medication you wish to be made available to your child (if any):

<b>Headache, Fever, Muscle Aches, Pain, or Menstrual Cramps</b>	<b>Bites, Stings, or Rashes</b>	<b>Sore Throat</b>
<input type="checkbox"/> Acetaminophen (i.e.: Tylenol)	<input type="checkbox"/> Anti-Itching Lotion (i.e.: Calamine)	<input type="checkbox"/> Throat Lozenges
<input type="checkbox"/> Ibuprofen (i.e.: Advil)	<input type="checkbox"/> Anti-Itching Cream (i.e.: 1% Hydrocortisone)	
	<input type="checkbox"/> Topical Anesthetic (i.e.: Medicaine)	
<b>Upset Stomach</b>	<b>Mild Allergic Reactions</b>	<b>Coughs</b>
<input type="checkbox"/> Antacid (i.e.: Tums or Maalox)	<input type="checkbox"/> Diphenhydramine (i.e.: Benadryl)	<input type="checkbox"/> Cough drops

I understand that the medications I have checked will be administered by the staff at Camp SevnOne/ The Rock Church in accordance with their established protocols.

**I do not want any medication given to my child.**

\_\_\_\_\_  
Parent/Guardian's signature  
*(You may sign your own Release if you are 18 or older)*

\_\_\_\_\_  
Relationship to Camper

Print name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2008

**Participation, Release, Waiver & Indemnity Agreement**

WHILE CAMP SEVNONE MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT CAMP SEVNONE. WE DO NOT WANT TO FRIGHTEN YOU OR REDUCE YOUR ENTHUSIASM FOR THESE ACTIVITIES, BUT WE DO THINK IT IS IMPORTANT FOR YOU TO BE INFORMED AND KNOW IN ADVANCE ABOUT INHERENT RISKS:

By signing below, I certify the following: (1) that my child's participation, and my authorization of that participation, in SevnOne camp activities and programs, is completely voluntary, and (2) that I have familiarized myself with these activities and programs in which my child will be participating. I further recognize and have instructed my child in the importance of knowing and abiding by SevnOne's rules, regulations and procedures for the safety of camp participants. Although I acknowledge Camp SevnOne has taken reasonable steps to provide equipment and skilled employees for my child to participate in activities for which he/she may not be skilled in, these activities are not without risk. I recognize certain risks cannot be eliminated due to the Camp's rural setting and without destroying the unique character of those activities. I recognize that certain hazards and dangers are inherent in camping and sporting events and in the activities and programs conducted by SevnOne, at the facility, or at or near Lopez Lake, including, more specifically, but not limited to, the activities of swimming, diving, surfing, wakeboarding, skateboarding, mountain biking, freestyle BMX, FMX, Pamper Pole, climbing wall, archery, riflery, competition games, trampoline thing, zip line, and all other camp activities involving motion, rotation, and height in a unique environment, and as such, carries with it the risk of injury or death. I acknowledge that although SevnOne has taken safety measures to minimize the risk of injury to camp participants, SevnOne cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents and/or injuries. Moreover, I understand that participation in any such activities may involve the risk of injury and loss, both to person and to property, and that the risks may include the possibility of permanent disability, trauma or death, I assume all such risks connected with my child's participation in SevnOne's activities and programs. I further understand that the camp facility, and surrounding areas being utilized by SevnOne include animal life, plant life and terrain that can be potentially harmful carrying with it the risk of injury or death. I, the undersigned, grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

SevnOne is not responsible for personal items that are lost, stolen or damaged. All medical expenses incurred will be the responsibility of the camper or the camper's family. By signing this, I concede I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program. I also expressly grant to SevnOne and any third party authorized by SevnOne the right to film, videotape, photograph, record the voice of and make any reproductions of the camper's physical likeness and voice and the irrevocable right in perpetuity to use, display, and digitally enhance or alter in any manner, such likeness in any media now known or hereafter devised, including but not limited to the exhibition and /or online use, broadcast, theatrically or on television, cable or radio, or any motion picture film, video tape, DVD, CD, or any published articles in which such likeness may be printed, used or incorporated, and in the advertising, exploiting and publicizing of SevnOne or Camp SevnOne products.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless SevnOne, Camp SevnOne, its officers, Board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Camp SevnOne or on or around Lopez Lake. This release does not apply to intentional and/or willful acts of misconduct by Camp SevnOne or any of its officers, Board, agents or employees.

Should SevnOne, Camp SevnOne, or anyone acting on their behalf, be required to incur attorney's fees costs to enforce this agreement, I agree to indemnify and hold SevnOne Christian Camp harmless for all such fees and costs. By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against SevnOne Christian Camp on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

\_\_\_\_\_  
Parent/Guardian's signature Relationship to Camper  
*(You may sign your own Release if you are 18 or older)*

Print name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2008

**Are all three pages of this form completed? yes no**