

# ALTO FRIO BAPTIST ENCAMPMENT

## Registration and Medical Release Form

Attendee, by signing this, you are promising to obey the rules and regulations of Alto Frio Baptist Encampment as well as the rules of the Presbytery of the Southwest's Young People's Camp and will cooperate with the leaders and fellow campers. Parents, In the event that your child/ward is asked to leave camp for disciplinary reasons, you will be responsible to arrange for his/her immediate transportation home.

Counselor Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Church Membership: \_\_\_\_\_ T Shirt Size \_\_\_\_\_  
What church are you coming to camp with? \_\_\_\_\_

**Attendee Signature** \_\_\_\_\_

### Emergency Contact *(Parent or guardian name if under 18)*

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Business Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

### Information needed for all attendees:

Family Physician's Name \_\_\_\_\_  
Phone number \_\_\_\_\_ - If no physician, put in home phone number  
Name of primary insurance policy \_\_\_\_\_ Policy number \_\_\_\_\_  
Date of last Tetanus shot \_\_\_\_\_ Are you allergic to Tetanus booster? \_\_\_\_\_  
Date of Oral Polio Vaccine \_\_\_\_\_ Date of Measles/Mumps/Rubella Vaccine: \_\_\_\_\_

### Have you had:

Appendix removed? \_\_\_\_\_  
Chickenpox? \_\_\_\_\_  
Fainting spells? \_\_\_\_\_  
Asthma? \_\_\_\_\_  
Heart trouble? \_\_\_\_\_  
Convulsions? \_\_\_\_\_  
Diabetes? \_\_\_\_\_  
Allergies to food or medicine? \_\_\_\_\_  
Specify \_\_\_\_\_  
Allergies to bites or stings? \_\_\_\_\_  
Specify \_\_\_\_\_  
Any other allergies? \_\_\_\_\_  
Specify \_\_\_\_\_

I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician chosen by the Alto Frio Administrator or his representative. I understand the twenty-four (24) hour first aid station is available. I further understand that limited secondary accident and illness coverage is provided. I expressly understand and acknowledge that during the course of camp photographs or video footage of my child may be taken and I hereby give permission for such photographs or videos to be used on the camp website and/or promotional materials for the camp.

**Attendee's Signature** *(Parent signature if under 18)* \_\_\_\_\_

# ALTO FRIO BAPTIST ENCAMPMENT

P.O. Box 468, Leakey, TX 78873, (830)232-5271

## CHALLENGE COURSE PARTICIPANT INFORMATION & RELEASE OF LIABILITY

### DISCLOSURE

Challenge course programs involve a variety of activities that often include warm-ups, games, group initiative problems, and high and low ropes course elements. The level of participation in all challenge course activities is at all times completely voluntary and up to the individual's choice. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

Policy for participation in the Alto Frio challenge course requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so they are prepared to respond appropriately if the need arises.

**This information will be read by your Alto Frio course facilitators ONLY and kept in strict confidence.**

### **Required for all attendees aged 13 and older**

#### Part I. General Information (please print)

1. Name \_\_\_\_\_
2. Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
4. Age \_\_\_\_\_ 5. Height \_\_\_\_\_ 6. Weight \_\_\_\_\_ 7. Male/Female \_\_\_\_\_
8. Person to be notified in case of emergency \_\_\_\_\_
9. Emergency contact phone number (home) \_\_\_\_\_ (work) \_\_\_\_\_

#### Part II. Medical Coverage & History

1. Do you have health/accident insurance? YES  NO

Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_

2. Please check if you have or have had any problems with the following:

- 1 \_\_\_ Problem with hearing – require hearing aid
- 2 \_\_\_ Dizzy spells, fainting, convulsions
- 3 \_\_\_ Shortness of breath, asthma on exertion
- 4 \_\_\_ Chest pains on exertion
- 5 \_\_\_ Heart problems
- 6 \_\_\_ Low or High blood pressure
- 7 \_\_\_ Hernia

- 8 \_\_ Chronic pain in neck, back, shoulders, arms or legs
- 9 \_\_ Broken bones, joint dislocations, serious sprains, weakness of muscles
- 10 \_\_ Joint pains, swelling or stiffness without injury
- 11 \_\_ Any severe injury to head, chest, internal organs
- 12 \_\_ Any surgeries
- 13 \_\_ Severe illness requiring hospitalization or prolonged incapacitation
- 14 \_\_ Episodes of depression, anxiety, hysteria, nervousness
- 15 \_\_ History of diabetes, thyroid trouble, bleeding problems
- 16 \_\_ Currently on any medications? If so, what?

If you marked any of the above, please list details below according to item number. Please be specific! ( e.g. Include item#, dates, history of condition, medications,etc.)

Any other conditions that might effect your safe participation in this program?

Are you allergic to any of the following?

Medications - \_\_\_\_\_

Insect bites - \_\_\_\_\_

Other - \_\_\_\_\_

In your own words, give a brief description of your overall general health condition.

**RELEASE OF LIABILITY**

I understand that parts of the Alto Frio challenge course program may be physically/ emotionally demanding. I affirm that my health is good, and that I am not under a physician’s care for any undisclosed condition that bears upon my fitness to participate in challenge course activities. I understand that the level of participation in these activities is at all times completely voluntary and up to the individual’s choice. Also, I recognize the inherent risk of injury or disability in challenge course activities and understand that each participant must assume the risk of injury that could result from any of the activities. I release Alto Frio Baptist Encampment and it’s staff members, principals, and board from all liability for any injury to me from participation in Alto Frio challenge course activities.

**Participant’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Above name PRINTED** \_\_\_\_\_

**Parent or Guardian’s Signature** *(if participant is under 18 years)* \_\_\_\_\_

**Alto Frio Baptist Camp & Conference Center**  
**Food Service**  
**Special Food Needs**

Name of attendee: \_\_\_\_\_

Age of attendee: \_\_\_\_\_ Grade: \_\_\_\_\_

Church Attending Camp With: \_\_\_\_\_

Dates Attending Camp: \_\_\_\_\_

How long has attendee been eating this diet? \_\_\_\_\_

Contact information for attendee (**parents info if minor**):

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is this Diet Medically Necessary? \_\_\_\_\_

Food requirements (*Please state how severe the allergy is*): EX, Peanut Allergy – Severe, Request Peanut Free Table

*Alto Frio goes out of their way to make sure that we are provided with delicious, healthy meals during our week at camp. If you have a food allergy, the Alto Frio Kitchen Crew will provide you with a special tray that's made just for you at every meal. Simply tell the line servers your name when it is your turn and they will get you the correct tray. If you have a severe peanut allergy, a "peanut free" table will be provided in the dining hall. Parents, we ask that you please talk to your children about the importance of getting their correct tray at every meal to prevent waste of food and time. Thank you!*

# Counselor/ Staff Agreements

**Applicant Name:** \_\_\_\_\_

**Recommendation** (*\*you can not recommend yourself\**)

I recommend the above applicant to serve at OPC Young People's Camp. I attest that his/her membership is in good standing and they are involved in the life of the church.

\_\_\_\_\_  
**Name of Church**

\_\_\_\_\_  
**Printed Name of Pastor/ Elder**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Pastor or Elder** (*who is not a relative*)

**Agreement**

I, the above applicant, agree to follow all OPC Young People's Camp Guidelines. I have read and understand the Camp Counselor, Staff Guidelines.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

*\*Counselors and Work Crew Members must have their registration packets in by May 25th , and will be decided upon, and informed of their acceptance by June, 1st.*

Counselors,  
Please read the Alto Frio Sponsor's Handbook.  
( <http://www.opcsouthwest.org/summer-youth-camp/camp-registration/> ).  
Then complete this page.

# ALTO FRIO BAPTIST CAMP & CONFERENCE CENTER

## Handbook for Sponsors

The following handbook format can be used to insure that all sponsors know the rules and their responsibility to see that those rules are enforced. The handbook can be reduced to pocket size **and a copy given** to the camp director for each of his sponsors. Each sponsor should sign a form saying they have received and read the handbook. This will give the campers greater safety protection, and will place the camp in a very strong position if there is an incident that evolves into legal action.

### Sponsor Sign-up Form "Handbook for Sponsors"

I have received a copy of Alto Frio Baptist Encampment's *Handbook for Sponsors* and have read it. I promise to abide by the rules of the Encampment and to inform all of my campers of the rules and safety procedures.

Have you ever been convicted of a felony or a misdemeanor? \_\_\_ yes \_\_\_ no  
*If yes, camp must have documentation of criminal conviction.*

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Camp

\_\_\_\_\_  
Date

# Child Abuse Training Exam

Adults over 18,

If you DID NOT take this exam last year, you must take it this year.

Please complete the required Abuse Training Program.

( <http://www.opcsouthwest.org/summer-youth-camp/camp-registration/> ).

and submit your answers on this sheet.

## **Section A: True / False**

1. \_\_\_\_ Sexual abuse can occur through methods without touching.
2. \_\_\_\_ Abuse and neglect may negatively affect a child's emotional and social development among other problems.
3. \_\_\_\_ Exposing a child to porno-graphic material is not considered abuse.
4. \_\_\_\_ Not only forced activity, but persuasion can be considered abusive.
5. \_\_\_\_ Victims of child abuse often suffer from fear, guilt and anger.
6. \_\_\_\_ "Child" is defined as anyone, unmarried under the age of 16.
7. \_\_\_\_ Young victims of child abuse may feel bad at the time, but usually get over it quickly and have no trouble later in life.

## **Section B:**

8. Situational offenders are: \_\_\_\_
  - a. Opportunists
  - b. Exhibitionists
  - c. Chauvinistic
9. Molesters and child abusers are usually: \_\_\_\_
  - a. Acquainted with their victim
  - b. Strangers
- c. Over 50 years of age
10. Molesters can "groom" a child by: \_\_\_\_
  - a. Threatening the child
  - b. Offering gifts or favors to gain the trust of the child
  - c. Forcing the child to participate in sexual conduct
11. A molester tries to insure secrecy by: \_\_\_\_
  - a. Accepting responsibility for his actions
  - b. Threats, bribery or blame
  - c. Encouraging the child to discuss his fears with trusted friends
12. An offender often: \_\_\_\_
  - a. Notifies the church or camp that he has offended in the past
  - b. Asks for accountability from peers for abusive behavior
  - c. Seeks employment in child related situations
13. Statistics indicate most molesters are: \_\_\_\_
  - a. Male
  - b. Female
  - c. Female cousins

## **Section C:**

14. Which of the following behaviors is not a sign of abuse? \_\_\_\_
  - a. Fear of a certain person or family member
  - b. Has difficulty in walking or sitting
  - c. Is a top athlete
15. Identify which action "does not" indicate a form of sexual abuse: \_\_\_\_

- a. Allowing a child to view pornography
  - b. Touching the chest, stomach, genital area, buttocks or upper legs.
  - c. Shoulder to shoulder hugs
16. You are the sponsor for a child that tells you that she has been forced to watch pornographic movies by an adult, should you report this? \_\_\_\_\_
- a. Yes, immediately
  - b. No, because suspected abuse did not occur at camp
  - c. Yes, but only after you have investigated to confirm that the child's story is true
17. When reporting sexual abuse, you must report incidents even if you cannot confirm the report of abuse is true. \_\_\_\_\_
- a. True
  - b. False
  - c. Only if you are reasonably sure it is true
18. Which of the following would not be considered a warning sign of a potential abuser? \_\_\_\_\_
- a. Adults who single out one child for "special" attention
  - b. Adult who like to work with youth
  - c. Owns children's books, toys and games even though he/she has no children
19. When abuse is strongly suspected, a camp counselor should: \_\_\_\_\_
- a. Interview everyone in the cabin to see if they agree with your suspicions
  - b. Maintain the highest level of confidentiality while reporting to the camp manager
  - c. Ignore your suspicions and don't get involved

**Section D:**

20. Which location is most appropriate to meet a camper for counseling? \_\_\_\_\_
- a. A semi-private area easily seen by others
  - b. Alone in the church van
  - c. Behind the worship center in the dark
21. Which example is not an example of a camper's privacy? \_\_\_\_\_
- a. Watching campers change clothes
  - b. Walking with a camper to the worship center
  - c. Laying in the bed of a camper
22. When reporting sexual abuse at camp what is your responsibility? \_\_\_\_\_
- a. Notify your Licensed Youth Camp Operator (Camp Manager)
  - b. Get help even if you have to leave the camper in danger
  - c. Investigate allegations
23. Which are inappropriate behaviors? \_\_\_\_\_
- a. Wrestling and tickling
  - b. Full frontal hugs or waist hugging
  - c. All of the above
24. Close supervision by adults during all swim activities is \_\_\_\_\_
- a. Requested
  - b. Mandatory
  - c. A good idea
25. What is the purpose of this training? \_\_\_\_\_
- a. Need to fill a time slot
  - b. Safety and protection of our children, churches, and camp
  - c. To discourage working with children and youth



To email your forms to the registrar, click "submit" or save the forms to your computer and email them as an attachment to: [moodyclan@gmail.com](mailto:moodyclan@gmail.com)