

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.

Camper Name: _____ Sex: ___ Grade Completed: _____ Age: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Camper Phone Number: _____ Parent's Cell Phone Number: _____
Birthdate: _____ Camper Email Address: _____
Parent's Email Address _____ Are you a Christian? _____
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 family physician, please put your home phone number
Name of primary insurance policy _____ Policy number _____
Date of last Tetanus shot _____ Is camper 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 _____

Medication Authorization:

Is camper taking any medication that must be given at camp? _____

If yes, please complete the following:

Please administer to _____

The following medication(s):

<i>Name of Drug</i>	<i>Dosage</i>	<i>Time</i>

Date of Camp: _____

Parent Signature: _____

In consideration for your agreeing to accept the above named individual as a camper, 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)* _____

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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!

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