

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.

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)*

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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!

Work Crew Agreement

Applicant Name: _____

Guidelines

The Work Crew at the OPC PSW Youth Camp serves in areas such as recreation, clean up, set up, etc. In addition, Work Crew members are called upon to help wherever a need arises. We expect our Work Crew to be flexible and maintain a positive and helpful attitude. We expect the Work Crew to model leadership and communication skills, a sense of humor, patience, and a deep Christian commitment for the young members of our churches. The Work Crew serves and reports directly to the Young People's Camp Committee.

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 Work Crew 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.*

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