



2016 Camper Registration Form

The Dakotas United Methodist Camping Ministry

PO Box 460 Mitchell SD 57301

605-996-6552 Fax: 605-996-1766 www.dakcamps.org

| | | |
|--------------------|--------------------|--|
| Camp Name | Dates | Cost \$ |
| Cabin Mate Request | T shirt size _____ | CIT—Counselor in Training <input type="checkbox"/> |

| | | | |
|---|---|-----------------------------------|-------------------|
| Camper Last Name | | Parent/Legal Guardian Name | |
| Camper First Name | M.I. | Address if different from camper | |
| Birthdate | M <input type="checkbox"/> F <input type="checkbox"/> | Parent/Legal Guardian Name | |
| Address | | Address if different from camper | |
| City/State | Zip Code | Emergency Contact | |
| Grade Completed May 2016 | Graduation Year | Relationship to camper | |
| Primary Family Email (if checked regularly) | | Primary Phone # | Secondary Phone # |
| Primary Phone # | Home Church | City | |
| Secondary Phone # | Pastor's Signature | | |

| Payment Information—Full registration fee and bus payment are DUE AT REGISTRATION. | OFFICE USE ONLY |
|--|---|
| Church Code (if applicable) _____ Camp Registration Fee: _____ Bus Fee (if riding bus): _____ Bus Stop: on at _____ Less amount paid by church: _____ off at _____ TOTAL DUE NOW: \$ _____ <input type="checkbox"/> Pay Minimum Payment now and set up two monthly payments for remaining balance using the credit card information provided. | Date Registered _____ Camp _____ Amount Paid _____ Confirmation Sent _____ |

Credit Card Information MasterCard Discover Visa

Amount to be applied to your credit card: \$ _____ 3-digit code (on back of card): _____

Card #: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

Camper Health History & Authorization Form

Dakotas Camping Office
PO Box 460 • Mitchell SD 57301

A Ministry of the Dakotas Annual Conference of the United Methodist Church

Camp Name: _____

**Please mail this completed form
to our Mitchell office or bring it
to camper check-in**

This form is **MANDATORY** and must be completed by the legal guardian of any participant, as well as all adult participants, attending camping events. This form is **REQUIRED** at the time of camper check-in and the "Authorization Information" section (back page) **MUST** be signed.

Lake Poinsett Camp • Storm Mountain Center • Wesley Acres Camp

| | | | | |
|-------------------------------------|---|---|------------------|-------------------------|
| General Information | Participant: | Name (last, first, middle): | | |
| | | Birth Date: | Grade Completed: | |
| | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| | | Home Address: | | |
| | | | | |
| | Parent/Guardian with legal custody to be contacted in case of illness or injury: | Name: | | Relationship to camper: |
| | | Home Address (if different from above): | | |
| | | Preferred Phones: () () | | |
| | | Email address: | | |
| | Second parent/guardian or other emergency contact: | Name: | | Relationship to camper: |
| | | Preferred Phones: () () | | |
| | | Email address: | | |
| | Emergency contact in event parent(s)/guardian(s) cannot be reached: | Name: | | Relationship to camper: |
| Preferred Phones: () () | | | | |
| Email address: | | | | |

| | | |
|------------------------------|---|--|
| Insurance Information | Please attach a copy of the front and back of health insurance card | |
| | Is the participant covered by family medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If so, indicate carrier or plan name: | |
| | Policy or Group #: | |
| Policy holder name: | | |

| | | |
|--------------------------------|---|---|
| Allergy Information | <input type="checkbox"/> No known allergies | |
| | The camper is allergic to: | Please describe what the camper is allergic to, the reaction seen, and how it is treated: |
| | <input type="checkbox"/> Food(s) | |
| | <input type="checkbox"/> Medicine(s) | |
| | <input type="checkbox"/> The environment (insects, hay fever, etc.) | |
| <input type="checkbox"/> Other | | |

| | |
|-----------------------------------|--|
| Diet/Nutrition Information | <input type="checkbox"/> This camper eats a regular diet |
| | <input type="checkbox"/> This camper eats a regular vegetarian diet |
| | <input type="checkbox"/> This camper has special food needs (please describe): |

| | | | | | | | | |
|---|--|---------------------------|--|---------------------------|---------------------------|--------------------|--|---|
| Medication Information (Use additional pages as necessary) | <p>"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medications are collected, stored, and distributed by camp health care personnel. Please list ALL medications (including prescribed and over-the-counter drugs) taken routinely. Bring only enough medications to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.</p> | | | | | | | |
| | <input type="checkbox"/> This camper will not take any daily medications while attending camp | | | | | | | |
| | <input type="checkbox"/> This camper will take the following daily medication(s) while at camp: | | | | | | | |
| | Name of Medication: | Reason for taking: | Times Given: | Amount/Dose Given: | How dose is given: | Pill Count: | | Initials: <i>(guardian and staff)</i> |
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other: | | | In: | | |
| | Original Start Date: (mm/yyyy): | | | | | Out: | | |
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other: | | | In: | | |
| | Original Start Date: (mm/yyyy): | | | | | Out: | | |
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other: | | | In: | | |
| | Original Start Date: (mm/yyyy): | | | | | Out: | | |
| Staff / Volunteers Only – Do you require any medication that might impair your ability to perform the essential functions of your position? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |

| | | | | | | | |
|---|---|--|--|--|--|--|--|
| Medication Treatment Information | Over-the-counter/Non-prescription medications are stocked in the camp Health Center and are used on an <u>as needed basis</u> to manage illness and injury. | | | | | | |
| | <input type="checkbox"/> Camp staff has permission to administer over-the-counter medications as necessary. | | | | | | |
| | <input type="checkbox"/> Camp staff has permission to administer over-the-counter medications as necessary, except the following: | | | | | | |
| | <input type="checkbox"/> Camper should not be given any over-the-counter medications. | | | | | | |

| | | | | | | |
|-----------------------------|--------------------------|--|--|---------------|--|--|
| Healthcare Providers | Name of camper's: | | | Phone: | | |
| | Primary doctor(s): | | | () | | |
| | Dentist: | | | () | | |
| | Orthodontist: | | | () | | |

| | |
|---------------------------------|--|
| General Health Questions | Please describe any of the camper's current conditions (injury, surgery, illness, other) that require special attention, restrictions or considerations while attending camp. |
| | Has the camper or is the camper currently receiving professional treatment to address mental/emotional/psychological health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: |
| | Has the camper been exposed to any communicable disease within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: |

| | |
|--|--|
| Immunization & Exam History | Are the camper's immunizations/vaccinations required for school to date? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Date (month/year) of last Tetanus shot: |
| | Date of last Health Exam: |

| | |
|--------------------------------|--|
| Restriction Information | <input type="checkbox"/> I have reviewed the program/activities of the camp and feel that the camper can participate without restrictions |
| | <input type="checkbox"/> I have reviewed the program/activities of the camp and feel that the camper can participate with the following restrictions (<i>please describe</i>): |

| | |
|-------------------------------|--|
| Additional Information | YOU WILL BE CONTACTED IF: <ul style="list-style-type: none"> Your camper is exposed to a communicable disease Outside medical attention is necessary (e.g., if we transport your camper to a hospital/Dr. office) Your camper is having discipline problems that jeopardize the safety of others |
| | WHAT HAVE WE FORGOTTEN TO ASK? <i>Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.</i> |

The undersigned person represents that he/she is the custodial parent/legal guardian of the above identified participant. The Camper has my/our permission to attend the camping session from _____ to _____ (dates) at _____ (Site Name). This permission is given by me/us with full knowledge of the conditions and activities contemplated during each session (see conference camping brochure and/or camp letter for details). The participant has no physical or mental disabilities that would impair their participation except as noted above. I/We acknowledge, agree to, reconfirm and incorporate herein by reference the Release of Liability signed by me/us which is attached hereto. I also understand that the information provided on this form will be kept confidential and shared only as necessary to provide care for the participant.

I understand that camp insurance is a supplemental policy only. It will pay whatever my own insurance doesn't cover (deductible or over) up to the limit of the policy. If medical (sickness, injury) care is needed, billings will be sent to the parent/guardian who will be responsible for direct payments to physician, hospital, clinic, etc.

The participant is currently taking only medications listed above. The camper has no allergies known to me/us except as noted on this form. The health information/history is correct as far as I/we know. In the event of illness or injury, I/we authorize the camp, physician and/or hospital to undertake such treatment of and perform such services (including surgical) for the participant as are reasonably indicated by the circumstances.

Signature of Custodial Parent/Guardian: _____ **Date:** _____

My Camper will be riding home with : _____ Phone: _____

| Staff Use Only | | | Yes | No | | | Yes | No |
|-----------------------------------|---|--|-----|----|---|----------------|-----|----|
| | Recent exposure to communicable disease, illness, injury? | | | | | Any allergies? | | |
| Authorization section signed? | | | | | Meds checked in , pill counts documented? | | | |
| Anything that requires follow-up? | | | | | All info current and complete? | | | |
| Copy of insurance card attached? | | | | | | | | |
| Staff Initials: | | | | | Date: | | | |

Release of Liability – Dakotas United Methodist Conference

Each United Methodist Camp and Retreat Center ("Camp") in the Dakotas Annual Conference of the United Methodist Church offers a variety of services and voluntary activities designed to enrich the camping or retreat experience. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging and educational activities often associated with camping and the outdoors such as swimming, hiking, motorized and non-motorized boating, water-skiing, knee boarding, banana boat rides, tubing, campfires, fishing, all-terrain biking, low and high rope courses, zip-lining, archery, rock climbing, wall climbing, rappelling and the following on-the-water toys: climbing wall with slide, logs, water trampoline, and bouncer. Special camps offer special educational opportunities or off-site trips. Both participants and staff members (including volunteers) may have the opportunity to participate in one or all of these activities.

While each Camp will endeavor to assure the safety of its participants and staff members, there are unavoidable risks of injury – and even death – associated with camping and its related services and activities.

Consequently, a properly executed Release of Liability is required before anyone may attend a Camp or Retreat as either a participant or a staff member.

Such a Release of Liability is set forth below. If you are a prospective participant or staff member under eighteen years of age, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated "Custodial Parent/Guardian." If you are a prospective participant or staff member eighteen years of age or older, you must print your name below and then sign and date the line designated "Adult Participant or Staff Member." You are encouraged to consult an attorney if you have any questions about the meaning of this document. If you have any questions about the services or activities provided at any Camp you should contact the Dakotas Camping Office at 605-996-6552.

Person Signing:
(print neatly the appropriate name as described above, either parent or guardian of participant or staff under 18, or participant or staff 18 and older)

By signing below, I (Print)

X _____
acknowledge and agree to the following:

1. I have read and understand the risks summarized above and acknowledge that the activities in which I may engage can be dangerous and can involve risk of serious injury or death. I also acknowledge that not all potential risks associated with all camp or retreat activities or services are listed herein but are reasonably foreseeable;
2. I understand that my participation in camp activities and receipt of camp services is voluntary and I may decline to participate in any activity or service offered. I further understand that it is my obligation and responsibility to continually look out for any conditions or circumstances that may be unsafe. If at any time I feel anything to be unsafe, I will immediately notify a camp official and, if necessary, immediately leave the area or stop participating in the event which I feel may be unsafe;
3. I understand that in order to participate in certain offsite camp activities I may be transported in a licensed, insured vehicle of the Dakotas Annual Conference of the United Methodist Church or in some instances a privately owned vehicle;
4. I understand that in the case of a medical need not requiring onsite emergency medical treatment I may be transported in a licensed, insured vehicle of the Dakotas Annual Conference of the United Methodist Church or in some instances a privately owned vehicle;

5. In consideration of attending a United Methodist Camp(s) as a participant or staff member, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the Dakotas Annual Conference of the United Methodist Church and the United Methodist Camp(s) I attend, including the owners, trustees, officers, employees, agents and volunteers of the entities, harmless from any and all claims, suits or liability arising in any way from my attendance at a United Methodist Camp(s) for injury to my person or property or my death caused by the negligence of these entities and/or individuals to the fullest extent allowed by law, it being the intention of the parties for this release to be as broad and inclusive as allowed by law;
6. In consideration of my child's or ward's attendance at a United Methodist Camp(s) as a participant or staff member, I, for myself and on behalf of my minor child or ward and his or her executors, administrators and heirs, give permission to my minor child or ward to participate in any of the activities offered at such camp, subject to the limits identified on the Camper Health History & Authorization Form attached hereto and release and hold the Dakotas Annual Conference of the United Methodist Church and the United Methodist Camp(s) my child or ward attends, including the owners, trustees, officers, employees, agents and volunteers of the entities, harmless from any and all claims, suits or liability arising in any way from the child's or ward's attendance at a United Methodist Camp(s) for injury to my child or ward or his or her property or his or her death caused by the negligence of these entities and/or individuals to the fullest extent allowed by laws, it being the intention of the parties for this release to be as broad and inclusive as allowed by law

Printed Name of Participant: X _____

If participant is under age 18:

X _____
Signature of Custodial Parent/Guardian: Date:

- OR -

If participant is 18 or older:

X _____
Adult Participant or Staff Member: Date:

Public Relations Release

United Methodist Camp personnel may at their discretion, elect to include photographs of persons and events at United Methodist Camps in printed materials, news releases, film presentations, authorized camp or conference websites and the like for the purpose of advancing the mission of the United Methodist Camp program. I hereby give permission for photo or visual image of the above named individual to be used for such purposes, without compensation or prior approval rights, at any time with the understanding that said individual will not be identified by name, without permission.

X _____
Signature of Custodial Parent/Guardian: Date:

X _____
Adult Participant or Staff Member: Date:

****This form is REQUIRED for all campers. Bring this completed form with you to camp.**