



FOR OFFICE USE ONLY

- Information
- Release Signature
- Conduct Signature
- Immunization
- Physical (if >3 days)

MINOR REGISTRATION FORM

Please complete each page of this form and give it to your group leader.
Campers without a completed registration form will not be allowed to participate in camp.

CAMPER INFORMATION

Camper's Name (first) _____ (last) _____
 Birth Date (mm/dd/yyyy) _____ Age _____ Gender _____ Grade (current or completed) _____
 Physical (NOT Mailing) Address _____
 City _____ State _____ Zip Code _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 T-Shirt Size: **Adult** S M L XL 2XL
 What Church/Group are you coming to camp with? _____

Parent/Guardian

Name (first) _____ (last) _____ Relationship _____
 Physical Address (if not camper's address) _____
 City _____ State _____ Zip Code _____
 Home Phone (_____) _____ Cell Phone (_____) _____
 Work Phone (_____) _____ E-Mail _____
 Place of Employment _____ Employer Address _____

Emergency Contact

Name (first) _____ (last) _____ Relationship _____
 Physical Address _____ City _____ State _____ Zip Code _____
 Home Phone (_____) _____ Cell Phone (_____) _____

Persons authorized to take camper from camp

Name _____ Relationship _____
 Physical Address _____ City _____ State _____ Zip Code _____
 Home Phone (_____) _____ Cell Phone (_____) _____
Name _____ Relationship _____
 Physical Address _____ City _____ State _____ Zip Code _____
 Home Phone (_____) _____ Cell Phone (_____) _____

Persons NOT authorized to take camper from camp.

Name _____ Relationship _____
 Name _____ Relationship _____

Activities Restriction: Camper MAY NOT participate in _____

HEALTH INFORMATION

Hesperus Camp operates under a Child Care License in the State of Colorado. To maintain that license, we must strictly adhere to several guiding laws pertaining to medical issues. Escalating regulations require us to operate in an increasingly restrictive manner, which we understand may cause unfortunate inconvenience and cost to you. As such we are striving to streamline the process and eliminate any confusion, with the goal of having an incredible camp experience. Please read and understand the following regulations and procedures. Please call us if you have questions or need clarification: (970) 385-4389.

These medical regulations fall into five primary categories, each of which affect our ability to serve an individual as a guest. Below are listed each category and an explanation of the laws pertaining to it.

HEALTH HISTORY

Each guest must furnish a health history which indicates communicable diseases and chronic illnesses or injuries the individual has had, any known drug reactions and allergies, medications being taken, and any prescribed dietary needs.

Please list all communicable diseases with which your child has had contact in the last two weeks. (common cold, strep throat, pink eye, etc.) _____

Check if your child has or had the following:

- | | | | | |
|---|-----------------------------------|--|------------------------------------|-------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Seizures | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Measles | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Headaches | |
| <input type="checkbox"/> Other (such as Health Concerns over 8000' elevation) _____ | | | | |
| <input type="checkbox"/> Surgeries & Dates _____ | | | | |

Date of last tetanus shot _____

Allergies: Check if individual is allergic to: Insects Foods Drugs

Please describe _____

Dietary Needs:

We strive to offer standard menus that provide options for common personal dietary PREFERENCES. Regarding **medically prescribed dietary RESTRICTIONS**, or NEEDS, we can work to accommodate them in a specialized manner. Please let us know what NEEDS are present so that we can be prepared to meet them. Please remember that **the individual has responsibility to know, understand, and adhere to their restrictions.**

Medically Prescribed Dietary NEEDS: _____

MEDICATIONS

By law, a licensed physician must supervise our processes, train us, and then legally delegate to us the permission to provide any health service. In so doing, the physician is personally liable for our actions and their medical license is in jeopardy. The following regulations have no flexibility. Home remedies and homeopathic medications MAY NOT be administered at camp.

ALL MEDICATIONS, whether PRESCRIPTION or OVER THE COUNTER (OTC), whether topical or oral (including vitamins) must be checked in upon arrival at camp and can only be administered by certified staff. The only exceptions are rescue inhalers and Epi-Pens (accompanied by written Physician and Parent authorization), which the individual must carry with them always. The regulations also require that absolutely **NO** medications may be administered to your child without a **HEALTH CARE PROVIDER AUTHORIZATION form**. As such, your physician must specifically authorize ANY medication your child may potentially need, such as Benadryl, Pepto Bismol, Tylenol, etc., and **you must send it with your child. The camp will not provide OTC medications. If a need arises for medication for which we have no authorization, utilization of Urgent Care or the Emergency Room will be our only option.** To comply:

- each medication must be accompanied by a **HEALTH CARE PROVIDER AUTHORIZATION to ADMINISTER MEDICATION** form, and the form must be signed by the PHYSICIAN and the PARENT. A form is attached. Please make as many copies as needed. You may already have a form for this purpose, and it may be used if it contains the exact information required by our form.
- each medication must be in the **ORIGINAL PHARMACY LABELED CONTAINER** (including OTC medications).



Health Care Provider Authorization to Administer Medication

MINOR Registration Form
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Child's Name: _____ Birthdate: _____

MEDICATION 1: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

MEDICATION 2: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

MEDICATION 3: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

MEDICATION 4: _____

Dosage: _____ Route: _____ Starting Date: _____ Ending Date: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

Health Care Provider Name _____ License Number _____ Phone _____

Health Care Provider Signature _____ Date _____

I, the parent/guardian of _____ give permission for Hesperus Camp medical staff to administer the above stated medication according to the Health Care Provider's instructions, and for the Provider to share medical information with camp staff. I understand that:

- PRESCRIPTION MEDICATIONS must be in the original container upon arrival at camp. **Prescription medicines MUST have the original pharmacy label** with the above information, and the pharmacy information.
- OVER THE COUNTER (OTC) MEDICATIONS must be in the original container labeled with the child's name, and the dosage must match the signed Health Care Provider authorization.
- I MUST PROVIDE ALL MEDICATIONS, as Hesperus Camp will NOT provide any medications.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

Home Phone _____ Cell Phone _____

Work Phone _____

Duplicate Form as Needed

IMMUNIZATIONS

Under our Child Care License, resident camps are, by definition, considered a school. Immunization laws apply equally to schools and camps and utilize the same forms for both. The attached form is the official CO Certificate of Immunization. It must be completed as described at the top of the form. You are allowed by law to claim an exemption from this immunization requirement by means of a MEDICAL EXEMPTION, or by means of a NON-MEDICAL EXEMPTION (either religious or personal belief). If you wish to claim either of these exemptions, you may download the appropriate form from our website at the link below:

www.hesperuscamp.com/immunizations

PHYSICAL EXAM

Under our Child Care License, each guest is required to submit a physical exam that has been conducted within 24 months of the first day of camp. The completed form must indicate any physical conditions which could limit the camper's activity, and any special care which will be needed. The attached form can be used, or you can submit the physician's form.

OTHER TREATMENTS

Under our Child Care License, we are disallowed from offering or administering certain topical applications without specific written parental consent.

*The camp will assume, by your signature of this registration form, that you consent to administering of typical topical applications (such as bug spray, petroleum jelly, sunscreen, etc.) as deemed beneficial and according to product labels. **Regarding sunscreen, the camp will assume that your child has been given adequate instruction at home about how to care for skin exposed to the sun, either by limiting exposure, applying a sunscreen, or by wearing appropriate clothing. We will assume that your child has brought with them everything they need (sunscreen or clothing) to fulfill your instructions.** The camp has sunscreen available at First Aid if they request it. We offer a **common brand of SPF 50** lotion. Your child will be instructed on, and responsible for, reapplication according to the label.*

If you **DO NOT AGREE** to these topical treatment policies, please indicate below by **INITIALING** next to your exception(s).

Bug Spray, Petroleum Jelly (Vaseline), etc.:

- I **DO NOT** authorize administration of typical topical applications such as Bug Spray, Petroleum Jelly (Vaseline), etc. _____

Sunscreen:

- My child may only use the sunscreen or clothing that I have provided for them. They will **keep it in their room** and will be responsible to use it. It is labeled with their name. _____
- My child may only use the sunscreen that I have provided for them. They will **turn it in to First Aid** and will be responsible to ask for it before going outside for extended periods. It is labeled with their name. _____

GENERAL INFORMATION

Family Physician _____ Phone (_____) _____

Physician's Address _____

Insurance Provider _____ Phone (_____) _____

Policy Number _____ Group Number _____

Additional Information: Anything we need to be aware of about your child to help us make their time at camp safe and enjoyable. (ex: sleep walking, drug mood changes, etc.) _____

RELEASE AND WAIVER OF CLAIMS

If my child should need emergency medical care or attention, Hesperus Baptist Camp (HBC) or any one of its agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, to my child as is recommended or suggested by a health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that HBC will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

There are instances when third party contractors are used to operate and supervise various events and activities (such as whitewater rafting). In those instances where third party contractors are used, I agree to hold harmless the third-party contractor and HBC for the action of these third-party contractors with respect to injury, disability, death, or loss or damage to person or property. I further agree that HBC is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I give authority and permission for my child to be transported from, or otherwise leave HBC property as needed for the purposes of participation in supervised off-site program/recreational activities as described in the Parent Information Sheet. I understand that the risk of injury from any recreational activity (including whitewater rafting and zip lines) is significant, including, but not limited to, the potential for permanent paralysis and death. While rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation and observing of such recreational activity.

Furthermore, in consideration of my child being allowed to attend HBC, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless HBC, its agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against HBC, its agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at HBC, and (2) injuries arising from the decision of HBC or its agents or employees to consent to the provision of emergency medical care to my child.

I give authority and permission to HBC, its staff, or its agents to inspect my child's belongings while at HBC. I understand that HBC is a place where many students seek counsel and advice from adult leaders, staff, sponsors, and others. I hereby consent to my child receiving spiritual counsel during their time at HBC.

I have received and read the Parent Information Sheet about HBC including the list of the recreational options and I have received satisfactory answers to all my questions about such information. **I understand that my child may not participate in camp without a current immunization record/waiver and a current health physical (physical is only required for events lasting more than 3 days).**

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____ Relationship to Child _____

PHOTO RELEASE AUTHORIZATION

I understand that my child's image may be included in a video or in photographs that may be made at HBC. I consent that my child's image may appear on videos, promotional resources, camp-endorsed web sites, etc.

Parent/Guardian Signature _____ Date _____

CAMPER CONDUCT AGREEMENT

I understand that I am voluntarily participating in one exciting camp and that my actions and attitude affect others around me. I understand that there are rules and policies in place to protect me and my fellow campers, and I agree to follow those rules and policies. I commit to have a blast, be an encourager to others, respect my fellow campers and leaders, and to make this the most memorable time of my life!

Camper Signature _____ Date _____