



FOR OFFICE USE ONLY

- Information
- Release Signature
- Conduct Signature
- References
- Child Protection Pol.
- Standard Precautions

ADULT REGISTRATION FORM

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

ADULT INFORMATION

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

Spouse/Emergency Contact

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

Additional Emergency Contact

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

HEALTH INFORMATION

Hesperus Camp operates under a Child Care License in the State of Colorado. To maintain that license, we must strictly adhere to a number of 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 ultimate 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 four 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 you have had contact in the last two weeks. (common cold, strep throat, pink eye, etc.) _____

Check if you have or had the following:

- Asthma Diabetes Heart Trouble Seizures ADHD
 Mumps Measles Chicken Pox Headaches
 Other (such as Health Concerns over 8000' elevation) _____
 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, which the individual must carry with them always. ANY medication you may potentially need, such as Benadryl, Pepto Bismol, Tylenol, etc., **it is your responsibility to bring. The camp will not provide any OTC medication. 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 in **ORIGINAL PHARMACY LABELED CONTAINER** (including OTC medications).

MEDICATION 1: _____

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

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

Special Instructions: _____

Purpose of medication: _____

MEDICATION 2: _____

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

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

Special Instructions: _____

Purpose of medication: _____

MEDICATION 3: _____

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

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

Special Instructions: _____

Purpose of medication: _____

MEDICATION 4: _____

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

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

Special Instructions: _____

Purpose of medication: _____

MEDICATION 5: _____

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

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

Special Instructions: _____

Purpose of medication: _____

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 you to help us make your time at camp safe and enjoyable.
(ex: sleep walking, drug mood changes, etc.) _____

Perjury Statement

"Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly."

RELEASE AND WAIVER OF CLAIMS

FUGE™, CENTRIFUGE™, and MFUGE™, are registered trademarks of LifeWay Christian Resources. LifeWay is not the operator of this camp, but has provided elements for production and curriculum, and is not responsible for any operations associated with this camp experience.

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

If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my 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.

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 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 participation and observing of such recreational activity.

Furthermore, in consideration of being allowed to attend HBC, I hereby waive any and all causes of action, rights, claims or suits which I may have against HBC, its agents or employees as a result of injury to me, including, but not limited to: (1) injuries arising from 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 me.

I give authority and permission to HBC, its employees, or its agents to inspect my belongings while at HBC.

Adult Signature _____ Date _____

Adult Name (Printed) _____

PHOTO RELEASE AUTHORIZATION

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

Adult Signature _____ Date _____

ADULT CONDUCT AGREEMENT

I understand that I am voluntarily participating in guiding and supervising children in the experience of an 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 sponsors/campers, and I agree to follow those rules and policies. I understand that this will be an intense, tiring, and rewarding week as I seek to have a positive impact in the life of others. I commit to have a blast, be an encourager to others, lovingly engage all campers and leaders, and to make this the most memorable week of my life and of the campers I guide!

Adult Signature _____ Date _____