Kids Camp II 2017 Church Registration Form Tall Timbers Baptist Conference Center <u>Monday – Thursday, June 19-22, 2017</u> Camp begins Monday with registration from 8:30- 10:30am and ends after the lunch meal Thursday	Cost of Camp \$159 by April 8 / \$169 after April 8 <u>Tee shirts assured on registrations by June 5</u> \$50 Non –Refundable Deposit per person required to register. Registration is not confirmed without deposit. Credit cards are accepted or check made payable to Tall Timbers. NOTE: CAMP BALANCE IS DUE AT CHECK-IN!
Contact Person	CHURCH
Mailing Address	Pastor
City/ST/Zip	Church Address
Phone (Cell ()	Church City/ST/Zip
	Pastor/Church Phone
Email	Church email

Lodging:

*Lee Lodge rooms available first-come-first-served basis for additional \$10 per person

Prefer Lee Lodge 🖵

Policy:

Group must provide ONE (1) SAME GENDER, ADULT COUNSELOR for every 10 students. Counselors must be at least 21 years old. Student groups are not allowed to attend camp alone. Adults must attend camp with your students AND STAY WITH THEM the entire week of camp.

Forms:

1. This page may be turned in to reserve spots (without names) with the understanding that names and all information must be turned in by June 1. If names are not turned in with this form, you must turn in number of spots by gender you want to reserve. Tall Timbers cannot assure you that a change in those numbers will be available once names are turned in. Registration and deposits will not be accepted before February 1, 2016 but is due by early bird date to reserve spots.

For forms sent in without names: # of females ______ # of males ______

2. Each camper AND adult sponsor must submit the Tall Timbers Parental Permission to Participate and Health form with signature. Make copies of completed forms (1 for counselor and 1 for Tall Timbers' office) and bring them to camp check-in (do not mail).

3. The Assumption of Risk must be filled out for 6th graders if they would like to participate in the high ropes course. The course is available to 5th graders only when they will be considered youth as 6th graders at their church.

Tall Timbers – P.O. Box 258 Woodworth, LA 71485 318.445.6797 – Fax 318.445.1038 <u>talltimbers@talltimbersbcc.org</u>

CC #		
Exp/	3 digit code on back	
Billing PO Box o	r Street number Only_	
Zip	Amt: \$	

Church Name: _____

COUNSELOR			Counselor		Shirt
NAME	Address, City, Zip	Cell Phone	Age	Gender	Size

Adult Shirt Sizes: AS, AM, AL, AXL, A2XL, A3XL, A4XL

Church Name: ____

Camp is for children who have finished 2nd grade through finished 6th grade during the 2016-2017 school year.

CAMPER NAME	Parent Cell Phone	Gender	Grade 2016- 2017	Tee Size	Parent/Guardian Name

Youth Shirt Sizes: YS, YM, YL, YXL (YS=6-8, YM=10-12, YL=14-16, YXL=18-20) Adult Shirt Sizes: AS, AM, AL, AXL, A2XL, A3XL, A4XL

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Camp _____

Parental Permission to Participate and Health Form

This form must be filled out and signed by each parent/guardian for camper to participate. Counselors also must complete and sign forms for themselves. Please do not mail this form. Bring with you at registration.

Address City/State/Zip Telephone () Age Sex Grade Completed This Year T shirt size Name of Camper's Parent or Legal Guardian	Camper or Counselor Name			Date of Bi	rth//
Telephone ()AgeSexGrade Completed This YearT shirt size Name of Camper's Parent or Legal Guardian	Address		City/State/Zip		
Address	Telephone ()Age	Sex	Grade Completed Th	nis Year	T shirt size
Address	Name of Camper's Parent or Legal Guard	dian			
Telephone: Cell () Work () Name of camper/counselor physician Telephone () Health Insurance ID Number Please list two people who may be contacted in case parent/guardian cannot be reached in an emergenc Name	• •		City/State/Zip		
Health Insurance ID Number Please list two people who may be contacted in case parent/guardian cannot be reached in an emergence Name Relationship Name Relationship Phone () Name Phone () General Health and Medical History 1. List any chronic or long-term illness:	Telephone: Cell ()				
Please list two people who may be contacted in case parent/guardian cannot be reached in an emergence Name	Name of camper/counselor physician		Tele	phone ()
Please list two people who may be contacted in case parent/guardian cannot be reached in an emergence Name					
NamePhone () General Health and Medical History 1. List any chronic or long-term illness:					
NamePhone () General Health and Medical History 1. List any chronic or long-term illness:	NameRelati	onship	Phone ()	
1. List any chronic or long-term illness:					
	General Health and Medical History				
	1. List any chronic or long-term illness:				
3. Known allergies:	3. Known allergies:				
Explain reaction and indicate medication used or other action to be taken:					

Explain any physical/medical conditions that we should be aware of:

Tall Timbers *does not* provide a camp nurse. Church counselors must take care of the minor medical needs of the campers they bring, including keeping and dispensing medications, minor first aid, etc., and if a trip to the ER is needed, they must take them. The responsible counselor will bring this health form for each camper and is responsible for the care of their campers while here.

Is camper bringing medication to camp? Yes ____ No ____ If yes, please list all medications on back of this form. *Medication must be in pharmacy container with patient's name and the dosage instructions on it*. If dosage instructions are different, please note, and sign your name.

 Restrictions:
 Does camper have any activity restrictions?
 Yes______
 No______

 If yes, please specify:

List up to 4 people who are authorized by the parent/guardian to check out a camper from Tall Timbers:

Parent/Guardian Signature: ____

Signatures authorize Tall Timbers to use photographs, films, and/or voice recording whether by audio, videotape, or other images of my child (participant) for the purpose of and use in promotional material, website, video, podcasts, and publications. Parents/Guardians understand that they will not receive any payment or other remuneration for this authorization.

Adventure Recreation Course Assumption of Risk

6th grade only (unless 5th grade is last grade in church's children's department)

Participant's Name (please print):
Name of Group:
Date of Ropes Event:

The Tall Timbers Baptist Conference Center Adventure Recreation Course was constructed by a professional Adventure Recreation builder according to nationally recognized industry standards, is inspected annually by that builder, and is run by coursespecific trained instructors. Participation will never be forced on any individual going through the course.

I am aware that during my participation at the Tall Timbers Adventure Recreation Course, certain risks and dangers do exist. These include, but are not limited to the following: hazards of being in a wilderness setting, forces of nature, and those existing because of the nature of the program. With this knowledge, I have and do hereby assume all risks associated with participation in the Adventure Recreation Course and will hold harmless the staff and officers of Tall Timbers Baptist Conference Center and the Louisiana Baptist Convention, from any and all liability, actions, cause of action, debts, claims and demands of every kind and nature whatsoever, which I now have or which may arise from, or in connection with my participation in any activities arranged for me by Tall Timbers and its staff. The terms hereof shall serve as a release and assumption of risk for my heirs, executors, and administrators and for all members of my family.

In the event of an accident or illness, Tall Timbers will make every effort to provide first aid, and if needed, arrange transportation to medical facilities.

Signature of participant:	
Address:	
Phone: ()	Date Signed:

Signature of Parent/Guardian if participant is under 18 years of age:

Home Phone: (_)	
Work Phone: (_)	_

Name and phone of emergency contact in case above numbers cannot be reached:

Phone: (____)_____