



District 5330



thousand pines christian camps & conference centers

Camper Registration Form

Date attending camp: \_\_\_/\_\_\_/\_\_\_

Camper's Name: (Last) (First) Date of Birth: Gender: M F
Name of Parent or Guardian (if applicable): Home Phone: Cell:
Mailing Address: City: State: Zip:
Emergency Contact Name: Address: Phone Number:
Physician: Address: Phone Number:
E-mail Address:

CAMPER (whether Adult or Minor) HEALTH INFORMATION AND AUTHORIZATION FOR TREATMENT

Check ALL applicable conditions [ ] Recent Broken Bone or Other Injuries
[ ] Bee Sting or Insect Bite Reactions Type of Injury: Date of Injury:
[ ] Food Allergies Activity Restrictions:
[ ] Hay Fever/Sinus Problems Other Restrictions:
[ ] Asthma Sending RX [ ] [ ] Recent Surgery Type: Date of Injury:
[ ] Back or Neck Problems Date of surgery: Activity Restrictions:
[ ] Bedwetting (currently)
[ ] Bowel Problems [ ] Vegetarian
[ ] Epilepsy or seizure disorder [ ] Sleep Walking (history of)
[ ] Fainting [ ] ADD [ ] ADHD [ ] Sending RX [ ]
[ ] Headache [ ] Diabetic Type 1 [ ] Type 2 [ ]
[ ] Heart Condition [ ] Special Ed [ ] IEP [ ] Psychiatric/Emotional Illness
[ ] Nose Bleeds [ ] Child requires medical aide/supervision at all times

Briefly explain ALL items checked above and explain other medical or dietary issues not listed (use additional sheets if necessary).

What allergies may the camper have that you would like us to be aware of?
Does the camper have any dietary modifications? Yes ( ) or No ( ) If yes, please list
Has the camper been diagnosed with any type of disease you would like us to be aware of? Yes ( ) or No ( )
If yes, please list and explain
Is the camper up to date on all immunizations? Yes ( ) or No ( )
Any additional information:

Prescriptions for minors: (including Asthma/ADD/Insulin/Epi-kit): Any prescribed medicine or inhaler must be given to the sponsoring organization for camper's use under supervision. All medications must be sent in their original prescription container.

- Are you sending prescription or non-prescription medication with your child? Yes ( ) No ( )
If yes, please list and detail dosage information:

Has your child been exposed to any communicable disease within the past month? Yes ( ) No ( )

If yes, please specify the disease. Date of last known Tetanus shot

Medical Insurance Information

Private Insurance Name: Policy #:

Primary Insurer's Name: Medi-Cal Coverage Policy #:

**Non-Prescription Medication Available at Thousand Pines**

The medications listed below are kept in stock; **do not feel obligated to send any of these items**. Please check each box below to indicate your permission for the listed medication to be administered by the Camp Nurse or an authorized staff member. **We will not administer any medication without your authorization.**

YES	NO		YES	NO		YES	NO	
		Benadryl (itch, insect bite, sinus)			Pepto Bismol (diarrhea)			Tylenol (head/muscle aches/cramps)
		Caladryl Lotion (poison oak)			Hydrocortisone Cream (itch/rash)			Cough Drops (cough)
		Mylanta/Tums (upset stomach)			Polysporin Topical (minor cuts/burns)			Milk of Magnesia (constipation)
		Robitussin (cough)			Betadine (disinfectant)			Ibuprofen (pain reliever, fever reducer)
		Claritin (allergies)			Non-Pseudo (sinus)			

Please initial all four yellow boxes and sign below

**Authorization For Medical Treatment – INITIALS REQUIRED OR CAMPER CANNOT BE TREATED:**  
*Initials* I hereby authorize emergency medical or surgical care at the nearest hospital, should a medical emergency arise. I further authorize Thousand Pines personnel to assist me (or my minor/child) in the use of the medications indicated above and those listed on the prescription section of this form.

**Video & Photo Information**  
*Initials* Thousand Pines produces a weekly video recapping the activities the campers participated in, and the information they learned. The videos are primarily used for the guest’s enjoyment, on our website, in a promotional presentation, or as a general-purpose preview of the Thousand Pines experience. These videos are solely the property of Thousand Pines C.C. and are given to participants as a keepsake. They are not to be used for commercial means.

**Physical Activity Release**  
*Initials* Camp activities include but are not limited to swimming, ropes course, skate-park, paintball, mountain bikes, team recreation, etc. There are risks of physical injury or harm from participating in activities. I voluntarily elect myself (or my minor/child) to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Thousand Pines, its officers, employees, and agents from all liability for any injury or harm to me (or my minor/child) from participating in said activities. I have read and understood this release of liability.

**Behavior Agreement/Discipline Policy**  
*Initials* Please review the following camp rules and consequences for breaking the standards (and share with your minor/child if applicable). These simple standards will help ensure that every camper has a safe and successful experience.

1. Follow all normal organization/church/camp standards. Abide by all communicated camp guidelines.
2. Respect the rights of all people and their belongings. Be respectful towards and follow directions of all leadership/staff.
3. Participate in activities and maintain a good attitude. Use appropriate language at all times.
4. Keep hands, arms, and legs to yourself. Fighting, play fighting, roughhousing, and wrestling are not permitted.
5. Leave these items at home: alcohol, tobacco, knives, weapons, matches/lighters, and valuables.
6. Be where you’re supposed to be, Do what you’re supposed to do, and Use Common Sense.

***If I don’t follow these standards, I realize that I am choosing to accept the consequences for my behavior:***

1. Be restricted from fun activities
2. Have to spend part or all of free time in work projects.
3. Call home to parents/guardians (if minor/child)
4. Be sent home and excluded from further attendance.

***The following behaviors are examples of what a misbehaving camper could be sent home for:***

1. Hitting, fighting with, or threatening another camper
2. Vandalism, theft, or other inappropriate behavior
3. Being in the opposite gender’s cabin
4. Repeated violation of camp guidelines

I have reviewed the Thousand Pines Behavior Policy (with my child if a minor) and understand that all standards continue while in attendance at Thousand Pines. Should there be any serious difficulty with following the expectations, I support the implementation process (above) and, if necessary will leave the premises or bring my minor/child back home. I understand that I may lose my privilege to attend Thousand Pines if I fail to follow them.

**Signature of camper (if minor child)** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of camper or parent/guardian of minor child** \_\_\_\_\_ **Date:** \_\_\_\_\_

..... have reviewed all of the above policies and guidelines of Thousand Pines C.C. I understand and agree to the terms and conditions of the policies and guidelines.