



Registration Pack

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Word of Faith Center Camp Behavior Contract



Name: _____ Date: ____/____/____

I, _____, commit to the following behaviors during all Centro Palabra de Fe Church activities, including transportation en route and on/off campus activity.

- I will respect and obey the leaders and those in authority.
- I will not leave the supervised areas designated by the church leaders including the campgrounds.
- I will be respectful of the property of others. I will not destroy, vandalize, or tag any property. I will use the trashcans for all trash. I will not abuse any equipment or facilities.
- I will not display romantic affection (holding hands, kissing, or straying from the group) nor be in the rooms of the opposite sex.
- I will not take any drugs, tobacco, e-cigarette (vape), or alcoholic beverages.
- I will report any injury immediately to the leaders.
- I will not play with fireworks, candles, matches, or lighters.
- I will not have any personal toys, games, electronic, or audio equipment with worldly music (no iPods, cd players, or radios) as they will be confiscated by the leaders.
- I will not fight or use profanity.
- I will not take any weapons or anything that may be used as a weapon.
- I will report any young person who has a harmful weapon, drug, alcoholic beverage, cigarette, or e-cigarette (vape).
- I will silence my cell phone during all services.
- I will attend **ALL** events and be on time.
- I will observe **all of the rules at all times**.

I understand that violation of these rules will result in suspension from youth group services, and/or activities, and dismissal from camp. Any criminal activity will be prosecuted to the fullest extent of the law.

Young Person's Signature

_____/_____/_____
Date

I understand that the Administration reserves the right to dismiss a young person who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of Centro Palabra de Fe Church. I agree to pick up my young person from camp if any of the points of the contract are violated. I understand that I am liable for any fees resulting in the discipline of my young person.

Parent / Guardian Signature

_____/_____/_____
Date



Word of Faith Center Camp Registration Form



Camper Information:

Name: _____ Sex: M / F

Address: _____

Date of Birth: ____/____/____

Last Grade Completed: _____

Name of school attending: _____

Cell phone number: (____)____-____ Can we send you text messages? Yes / No

Email: _____ @ _____

Driver's License or I.D. number: _____

Do you attend church? Yes / No Name of Church: _____

How long have you attended? _____

Family Information- Father / Guardian:

Mother:

Name: _____

Name: _____

Home Phone Number: (____)____-____

Home Phone Number: (____)____-____

Business Number: (____)____-____

Business Number: (____)____-____

Cell Number: (____)____-____

Cell Number: (____)____-____

Email: _____ @ _____

Email: _____ @ _____

Health History:

A physician's examination is not required. Please complete this information to the best of your knowledge. Please inform the staff in writing of any changes to your child's health prior to their arrival at camp.

Family Doctor: _____ Telephone Number: (____)____-____

Does the young person take any medications? Yes / No

If yes: Please describe: _____

Will the young person be taking any medications at camp? Yes / No

If yes: Name of medication: _____ Dosage: _____ Time: _____

Any restrictions while at camp? _____



Activity Permission Slip



Name of child: _____

Activity / Event: SOL Camp '15

For the

Date: 28-30 of August, 2015 **Leaving:** Friday at 12:00pm **Return:** Sunday at 1:00pm

Meals:

- The child will be home for meals
- Included
- We recommend that the child bring at least \$20 spending cash for snacks

Method of Transportation:

- Walking / Public transportation
- Church van
- Personal autos
- Other:

I request that my child be permitted to participate in the activity described above. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it. I expressly request my child to voluntarily participate in the activity.
2. I understand and acknowledge that I waive and forever release and discharge Centro Palabra de Fe Church, its officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity.

To the best of my knowledge, my child has no physical condition that would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other person's health.

Parent / Guardian signature

____/____/____
Date

Medical Release

PLEASE CHECK HERE IF THERE ARE SPECIAL INSTRUCTIONS FOR MEDICAL TREATMENT OR ALLERGIES.

(PLEASE ATTACH SPECIAL INSTRUCTIONS IN WRITING)

I hereby give permission to the supervisors and authorized drivers of church off-site activities/field trips and other events of Centro Palabra de Fe Church to consent to X-rays, tests, treatment, anesthetic, medical or surgical diagnosis or treatment, and necessary transportation for my child. In the event of an emergency, if I cannot be contacted I hereby give permission to the physician selected to administer treatment, including hospitalization for my child. I will pay the cost of any such medical procedures or treatment. I also agree to assume any and all financial responsibility for the participant's care while under the supervision of Centro Palabra de Fe Church or its representatives. I hereby release and waive all claims against Centro Palabra de Fe Church, its employees, representatives and volunteer drivers and chaperones related to this off-site activity/field trip. This permission form has been signed only after understanding and considering all of the information set forth above.

Name of Emergency Contact

(____)____-_____
Home phone number of Emergency Contact

(____)____-_____
Cell phone number of Emergency Contact

(____)____-_____
Work phone number of Emergency Contact

Parent / Legal Guardian signature

____/____/____
Date

Parent's Authorization

I hereby consent for my young person to participate in the full camp program and all activities unless I advise in writing. I give permission for Centro Palabra de Fe Church to use any photograph for promotional material. To the best of my knowledge, my young person is in good health, and I will notify the counselors if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Centro Palabra de Fe Church and its officers, servants, or assigns from any liability concerning our child's involvement in camp and further agree that the use of all camp facilities and transportation is made at the risk of the registrant. In case of emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

Please Note

- Full payment of \$114.00 is required by Sunday, March 29, 2015.
- I understand that the Administration reserves the right to dismiss a young person who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of Centro Palabra de Fe Church.

Parent/Guardian Signature

Date

-ATTENTION-

The church will NOT be providing transportation to or from the camp location.

If you or a parent would like to volunteer to drive: Please contact us to let us know at your earliest convenience.

If you are driving your own vehicle:
You MUST include copies of a valid Driver's License, Vehicle Registration, & Proof of Insurance.

If you are driving a rented vehicle:
Bring the rental agreement with you to the event.



The Salvation Army - Pine Summit

CONSENT AND WAIVER OF LIABILITY

THIS DOCUMENT (FRONT AND BACK) CONTAINS A WAIVER OF LIABILITY. PLEASE REVIEW IT CAREFULLY BEFORE SIGNING.
- Please print -

Group Name: _____ Group Date: _____
Full name of Camper: _____ Gender: _____ Date of Birth: _____

In exchange for permission to participate in The Salvation Army - Pine Summit programs and activities ("Camp"), I or my minor child named above ("Camper") agree to the following:

Consent to Attend Camp (Where Camper is a Minor)

I hereby give permission for minor Camper to attend and participate in Camp.

WAIVER of Liability

I understand that some of the activities at Camp involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Consent and Waiver of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities. I agree to assume all risks of Camper's participation, whether such risks are known or unknown to me at this time and hereby waive any and all claims I or my Camper may have against Pine Summit, and their directors, officers, employees, volunteers, and agents, and other campers at the Camp, for property damage or personal injury, illness or death of Camper as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Waiver of Liability is given on behalf of myself, my minor child (if Camper), and the heirs, family, estate, administrators, executors, personal representatives and assignees.

I understand that by signing this Consent and Waiver of Liability, I give up my right and the Participant's right to sue The Salvation Army. I agree that if any provision or part of any provision or the application of such is held invalid, illegal, or unenforceable, the validity of all other provisions in this Consent and Waiver of Liability shall remain unaffected.

FIRST AID

Camp may provide minor emergency medical treatment at the request of the Group or Camper, provided that qualified staff is available. Otherwise, all medical emergencies will be referred to the nearest medical treatment facility.

Other Releases and Acknowledgements

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, and various Pine Summit publications and other work product. I do hereby irrevocably grant Pine Summit permission to record, display and/or reproduce Camper's name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

Adherence to Policies and Guidelines

I ensure that Camper will adhere to the Camp policies and guidelines. If Camper fails to abide by established rules and/or standards of conduct, Camp staff reserves the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation or to make travel arrangements for Camper and to assume the cost of these expenses.



Medical Insurance Information

Insured's Name: _____ Company _____ Policy Number: _____

Medical Information (COMPLETE ONLY IF CAMPER IS A MINOR)

Doctor's Name: _____ Doctor's Phone: _____

Date of last MMR: _____ Date of last Hepatitis B: _____ Date of last Tetanus: _____

Are all other vaccinations up-to-date? Yes No

Does the Camper have any allergies to drugs and/or food (please write "None" if applicable): _____

Does the Camper have behavioral problems or medical needs we need to be made aware of (write "None" if applicable): _____

Will the Camper be under any medication(s)* while at camp? Yes No If yes, please list medication(s): _____

****(All medications must be given to camp nurse in original containers with original label attached containing prescription and camper's name)***

The camp nurse has my permission to provide the Camper with non-prescription medicines as deemed necessary. Yes No

If yes, please list any over-the-counter medications that should **not** be given: _____

Does the Camper have any physical condition or limitation that would restrict participation in any camp activities? Yes No

If yes, please provide details: _____

Does the Camper have? Sinus Trouble/Hay Fever Heart Trouble Epilepsy Asthma Diabetes

By signing below, I acknowledge that I have read this document that all information provided is accurate. Each legally responsible parent/guardian is required to sign below.

_____		_____	
Signature		Date	
_____		_____	
Print Name		Phone Number	
_____	_____	_____	_____
Address	City	State	Zip
_____		_____	
Emergency Contact (if same write "Same")		Phone Number	

**If you have any allergies or special dietary needs – please bring your own food.
 We have refrigerators and microwaves to accommodate your needs.
 If you would like to see a menu, please ask your Retreat Planner.
 Thank you**