

# KING'S DAUGHTER/SURVIVAL BOYS PROGRAM REGISTRATION

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Camp Session Chosen: King's Daughters/Survival Boys Program

Parent(s)/Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Best Contact Phone \_\_\_\_\_ Texting OK? \_\_\_\_\_

Additional Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## If not available in an emergency, please notify:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## Insurance Information:

Policy Holder: \_\_\_\_\_ Policy Holder's SS#: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_ Group ID# \_\_\_\_\_

Address of Carrier: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Phone # of Carrier \_\_\_\_\_ Account #: \_\_\_\_\_

Has this camper ever had operations or serious injury? \_\_\_\_\_

(Dates) \_\_\_\_\_

Does this camper have disabilities or recurring illnesses? \_\_\_\_\_

Does this camper have health issues we should be aware of? \_\_\_\_\_

Does this camper have allergies? If so, what and what should we know about it?

\_\_\_\_\_  
\_\_\_\_\_

***Important Information***

Camp Winchester is committed to conducting its programs and activities in a safe manner and holds the safety of participants in high regard. **Camp Winchester** continually strives to reduce risks and insists all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors participating in the programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities and programs. You are solely responsible for determining if your child/ward is physically fit and/or sufficiently skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way or recently suffered illness, injury or impairment, to consult a physician before undertaking any physical activity.

***Warning of Risk***

Recreational activities/programs are intended to challenge and engage the physical and mental resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction, and other circumstances inherent to outdoor and indoor recreational activities/programs exist. It is impossible for the Camp Winchester to guarantee absolute safety.

***Waiver and Release of All Claims and Assumption of Risk***

Please read this form carefully. By signing below you will expressly assume the risk and legal liability and waive and release all claims for injuries, damages or loss which your child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when and if provided.)

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward may sustain as a result of said participation. I do hereby fully release and forever discharge Camp Winchester including their respective board, officers, employees, and volunteers from any and all claims for injuries, damages, or loss that my child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with these programs/activities.

Participant's Name (Please Print) \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

***Participation can be denied if the signature of the parent or guardian and date are not on this waiver.***

**PHOTO RELEASE**

I hereby give Camp Winchester permission to use photo images of the above listed participant for the purpose of promoting the Camp Winchester's programs in publications and on the Web. I agree that the images become the exclusive property of Camp Winchester and wave the rights thereto. *For privacy and protection of your child/ward his or her name will not be used on the Web.*

\_\_\_\_\_  
Participant (if child, parent or guardian signs)

\_\_\_\_\_  
Date

**TRANSPORTATION & MEDICAL CARE & TREATMENT CONSENT**

In addition, should your child need medical attention that the camp nurse cannot provide, he/she will be transported to a nearby medical facility. All campers will ride in Camp Winchester vehicles or Camp Winchester's staff's vehicles, driven by Camp Winchester staff, or if necessary, be transported by an emergency vehicle. Your signature below demonstrates that you are aware of this necessity and that you consent to such transportation as described above. Your signature below will also indicate your given consent to the Camp Winchester staff and/or professional medical persons to, in case of emergency, provide medical care and treatment for your child.

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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