

Community of Christ

Camp Bountiful Summer Camps

Check all that apply: () Senior High Camp () Junior High Camp () Skyorca () Boy's Camp () Camper () Staff

The fee set for camps may not cover the actual cost of the camp (due to an increase in grounds fees and unpredictable potential for low attendance). In an effort to keep the fees unchanged, donations from those who are able (\$10 or more) to help keep the cost of camp down are accepted. Donations that exceed the needed amount will be applied to camperships the following camping season. Thank you!

General Information:

Name _____ Age _____ Grade Completed _____ Gender () Female () Male
Phone Number () _____ Email _____
Address _____ City/ State or Province _____
Zip/ Postal Code _____ Roommate Preference _____
Religious Affiliation _____ Home Church _____
Name of Parents, Custodial Parent, or Legal Guardian * _____
Work Phone () _____ Email _____
Additional Parent, Legal Guardian of Next of Kin* _____
Home Phone () _____ Work Phone _____ Email _____
Persons allowed to pick up your child from camp * _____

*Applies only to those under 21 years of age

Emergency Notification:

Name _____ Relationship _____ Phone () _____
Address _____
City/ State or Province _____ Zip/ Postal Code _____
Name _____ Relationship _____ Phone () _____
Address _____
City/ State or Province _____ Zip/ Postal Code _____

Medical Information:

Allergy to Foods, Medication (if none, so state) _____
Is applicant currently under a physician's care for any acute or chronic medical conditions? _____
If yes, please explain. _____
Does applicant carry non-prescription medication on their person? (if none, so state) _____
Medication(s) and purpose _____
Does applicant carry prescription medications? (if none, so state) _____
Medication(s) and purpose _____
Physician _____ Phone () _____
Office Address _____
Hospital/Clinic of Choice (if applicable) _____
Health Insurance Provider _____ Phone () _____
Policy Holder's Name _____
Address _____
Group Number _____ Policy Number _____
Other Information _____

Please attach a copy of both sides of your insurance card

Health Information:

Has Applicant ever had any of the following: (Please check if yes and provide month/year of latest occurrence.)

- anemia _____ appendicitis _____ asthma _____ bronchitis _____ chicken pox _____
 diabetes _____ epilepsy _____ frequent colds _____ fractures (describe) _____
 heart trouble _____ heart murmur _____ HIV _____ hepatitis _____
 kidney trouble _____ measles _____ mumps _____ pneumonia _____
 rheumatic fever _____ scarlet fever _____ sinusitis _____
 sore throats _____ tuberculosis _____ whooping cough _____
 others _____

Please list applicant's major operations or serious injuries (describe and give details) _____

Please list applicant's immunization dates for the following (or attach a copy of health card)

- DPT _____ booster diphtheria _____ booster tetanus _____ smallpox _____
typhoid _____ tuberculin _____ measles _____ mumps _____
Polio vaccine _____ others _____

What contagious disease(s) has the applicant been exposed to recently? _____

Please check any of the following conditions that apply to the applicant:

- vision problems hearing problems hernia fainting diarrhea constipation sleep-walking bed-wetting
 resent emotional upset – death of loved one, divorce of parents, please explain: _____

Please describe ant other medical, emotional, psychological, dietary, or physical conditions that could affect the applicant's experience at camp: _____

Permission for Medical Treatment

I, the undersigned, parent, legal guardian, next-of-kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment, (physician, hospital, x-ray, lab, medicines, ambulance, other)

Parent/Guardian Signature/ Applicant** _____ date _____

Photo Release

In consideration of the right of the aforementioned applicant to participate in this activity. I hereby give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I hereby waive all right of privacy in and to any said picture or videotapes.

Parents/Guardian Signature/Applicant ** _____ date _____

Activity Consent

I specifically consent to my applicant's participation in activities offered by this camp, including but not limited to camping, boating, canoeing, swimming, hiking, and sport events. I have marked through any items from the preceding list to which I do not give consent for participation. I certify that my applicant has the necessary skills to participate in ant of the approved activities. (If boating is approved, the camper can swim). I specifically do not want the applicant to participate in the following activities: _____

Parent/Guardian Signature/ Applicant ** _____ date _____

Liability Release

The undersigned parent, legal guardian, next-of-kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by Western Ohio Mission Center and Bountiful Mission Center Community of Christ for participation in this event, we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever discharge and agree to hold harmless the aforementioned camp and Community of Christ and the directors therefore from any and all liability, claims, or demands for personal injury, sickness, or death as well as property damage and expenses of any nature whatsoever which mat be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death damage, and expense as a result of participant in recreating and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish and necessary transportation, food and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the results of negligent, willful or intentional acts of said participant, including expenses incurring attendant thereto. Both parents must sign unless parent a re separated or divorced, in which case custodial parent must sign. ** Only applicant must sign if 21 years of age or older.

Parent/Guardian Signature? Applicant** _____ date _____

Parent/Guardian Signature? Applicant** _____ date _____