



## 2019 Timberlake Summer Camp Registration Form

*Please be certain to fill this form out COMPLETELY!*

Timber Camp (1<sup>st</sup>-6<sup>th</sup> Grade): June 23-25\_\_\_\_ July 14-16 \_\_\_\_

\*Created For A Purpose (3<sup>rd</sup>-8<sup>th</sup> Grade): June 16-19\_\_\_\_

Sportsman Camp (10yrs old and up): June 16-19\_\_\_\_

Color Wars (1<sup>st</sup>-8<sup>th</sup> Grade): June 26-28 \_\_\_\_

Wacky Sports (1<sup>st</sup>-8<sup>th</sup> Grade): July 17-19 \_\_\_\_

Middle School 6<sup>th</sup>-8<sup>th</sup> Grade): June 16-18 \_\_\_\_

Adventure Camp (1<sup>st</sup>-8<sup>th</sup> Grade) June 23-28 \_\_\_\_ July 14-19 \_\_\_\_

Camper's Name \_\_\_\_\_ Name they go by \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Grade Entering in Fall \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Bunkmate Preference (individuals only) \_\_\_\_\_

\*Please circle campers T-shirt size (CFAP camp ONLY) YS YM YL YXL AM AL AXL A2X

Parent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_ Text Capable? Y or N

E-mail \_\_\_\_\_

Church Name \_\_\_\_\_

Church City & State \_\_\_\_\_

Lead Pastor \_\_\_\_\_

Youth Pastor \_\_\_\_\_ Children's Pastor \_\_\_\_\_

### *Emergency Contact*

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Who will be picking up your child on last day of camp? \_\_\_\_\_



## PARTICIPANT HEALTH HISTORY FORM

Campers Name \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Insurance: \_\_\_\_\_

### **PLEASE READ CAREFULLY**

This form is intended to remind leaders & participants of the seriousness of attempting adventure activities with an old or preexisting injury, a heart condition or other condition which might be aggravated by participating in and performing the event.

### **PLEASE COMPLETELY FILL OUT ALL INFORMATION BELOW**

1. Please list any preexisting injuries that might be aggravated by participating.

---

---

2. Please list any current medications you are taking (including OTC medications)

---

---

3. Please list any sight or hearing limitations that might limit or affect participation.

---

4. Please list any health problems that might limit participation: (esp. Asthma, High Blood Pressure, Heart conditions). \_\_\_\_\_

---

5. Please list any allergies (food, bees, insects, medications, etc.)?

---

6. How active are you in general? **Very Active** **Moderately Active** **Lightly Active** **No Activity**

**Please discuss with your group leader any concerns based on the questions answered.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS WITH ORIGINAL DOSING INFORMATION WHEN BROUGHT TO CAMP\*\*** Timberlake staff cannot dispense differently from original prescribed instructions.



### **Consent and Release from Liability**

I hereby authorize Timberlake & Timberlake Ministries to photograph, video/audio record, and/or televise the participant's image, likeness, and vice. Any photograph, film, video, or audio recording produced of the participant may be used for promotional marketing, advertising, or publicity purposes and may be published in mass media publications or outlets by Timberlake & Timberlake Ministries on any of our social media, advertising or marketing mediums. It may also be used in fundraising promotions and solicitations. This release is effective until revoked either verbally or in writing by the parent or guardian of the participant. Such revocation shall only be effective from the time of notice into the future and cannot be enforced for any prior usage.

I hereby release, waive and forever discharge Timberlake & Timberlake Ministries along with any and all other supporting groups of Timberlake & Timberlake Ministries together with all their offers, agents, staff, and employees from any and all liability, illness, loss, or damage, including death, related to participation in any activity on the property of Timberlake & Timberlake Ministries.

I have read this entire document and have willingly agreed to the conditions contained within. I give this full and unconditional release of all claims on behalf of myself, my heirs, executors, administrations and assigns.

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

**Parent's Name (Please Print)** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## Participant Agreement, Medical Release & Release of Liability

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

Parent/Guardian Name (if Minor): \_\_\_\_\_

*INITIAL below to indicate that you have read, understand, & agree to the section following your initials. Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them, indicating that both the Minor & the Parent/Guardian/Legal Representative agree to each section.*

\_\_\_\_\_ I state that I am not now under the influence of any controlled substance (including alcohol), & that I will not be under the influence of any such substance when present at any activity sites or while participating in or using the Challenge Course, Climbing Structure or Adventure Based Activities. I realize that participating in/using the Challenge Course/Climbing Structure/Adventure Based Activities while under the influence of a controlled substance would endanger others and me. I further state that I shall not bring any controlled substance onto any activity sites.

\_\_\_\_\_ I am aware that I might be photographed and/or videotaped during my participation, & authorize such photographs &/or videotapes to be used by Timberlake Ministries in training &/or promotional materials at any point in the future. I understand that my name will not be used &/or published in any way, & that I will not receive compensation for the use of such photographs &/or videotapes.

\_\_\_\_\_ I give my consent to Timberlake Ministries employees & to emergency medical personnel to treat me if the deem it to be medically necessary. I authorize Timberlake Ministries employees & sub-contractors to secure such medical advice & services as they feel necessary for my health or well-being. I give permission for emergency anesthesia &/or surgery that might be necessary due to an illness or injury occurring during my participation.

\_\_\_\_\_ I agree to accept financial responsibility for any medical expenses &/or loss of income not covered by my Insurance Policy that results from my participation in or use of the Challenge Course, Climbing Structure or Adventure Based Activities.

\_\_\_\_\_ I understand that Challenge Course, Climbing Structure or Adventure Based Activities are, by their nature, physically & emotionally demanding, & that participating in these activities my involve risks such as walking, bending, twisting, pulling, lifting, running, jumping climbing, swinging, increased hear or breath rates &/or physical contact with others.

\_\_\_\_\_ I understand that although the Timberlake Ministries staff will make every reasonable effort to minimize exposures to known risks, not all dangers & hazards can be prevented (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc.).

\_\_\_\_\_ I understand that my participation is voluntary & that I have the right & the responsibility to limit my participation in any activity that I believe will compromise my safety, & agree to notify a Timberlake Ministries employee if I have safety concerns. I understand that Timberlake Ministries practices the "Choose Your Challenge" philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

\_\_\_\_\_ I understand that Timberlake Ministries staff has the right to deny my participation & that it is my responsibility as a Participant to follow the instructions, guidelines, & procedures established by the Facilitator(s)/Trainer(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s)/Trainer(s), I realize that it is my responsibility to ask for clarification &/or assistance before any participation.

\_\_\_\_\_ I understand & assume all dangers & risks (both known & unknown) associated with my presence at any activity sites or participation in or use of the Challenge Course, Climbing Structure or Adventure Based Activities & waive, release, & discharge Timberlake Ministries & their agents, officers, & employees from all any & all claims or causes of action arising from such presence or participation. I do hereby release Timberlake Ministries & its agents, officers, & employees from any & all liability, even if arising from the negligence of the releases. I do hereby agree to indemnify & hold harmless Timberlake Ministries & its agents, officers, & employees for any accidents, injury, loss or damage of property, & from any legal fees that I may ever have as a direct or indirect result of said presence or participation. This release, indemnification, & waiver shall be construed broadly to the maximum extent under applicable law.

\_\_\_\_\_ My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin & assigns on my behalf.

*By signing below I am agreeing that I have carefully read & agree to all of the sections initialed above. I am also verifying that the information listed on the Health History Form is complete & accurate to the best of my knowledge. (Please additionally complete the Health History Form prior to signing this document).*

Participant Signature \_\_\_\_\_

(Minor must sign.)

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

Relationship \_\_\_\_\_ Date \_\_\_\_\_ (Required if Participant is under 18 years of age.)