

Registration Agreement & Medical Release Form (Children under 18)

Accident Release Form

Adult Leader/Sponsor Registration Agreement & Medical Release Forms

Sponsor Certification and Background Verification Form

Food Allergy & Special Dietary Need Form

Facility Use Form

Medical Information Form

Cleaning/Check Out Procedures

Items Needed for Camp (Not included)

Waiver of Requirements

Parental Guidelines for Signature (to accompany waiver)

Date of Camp: _____

Camper Registration/Medical Release Form for Isaiah's Place (under 18 years of age)

Camper's Name _____ Address _____ City _____ ST _____ Zip _____
 Birthdate ____/____/____ By the time I get to camp, I will have completed _____ grade! Gender: Male Female
 **Social Security #: _____ (Required by Texas Dept. of Health and only used if the camper goes to the doctor. Kept CONFIDENTIAL)
 Are you a Christian?: _____ Church member? _____ Church: _____ T-shirt Size: _____
 Parent's/Legal Guardian's Name: _____ Relation _____
 Home Phone (____) _____ Work Phone (____) _____ Email _____
 Dr.'s Name: _____ Ph #: _____

IMMUNIZATIONS: Date of Tetanus Shot _____ Allergic to a Tetanus booster? _____ Immunizations up to date? _____
 Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary)

Age _____ Height _____ Weight _____ Allergies: _____

If your child has food allergies or special nutritional needs, please complete **FOOD ALLERGY & SPECIAL DIETARY NEED** form and email to Diane Frederickson, dfrederickson1207@gmail.com at least two weeks prior to camp dates.

No medications will be given unless they are in original containers per Texas Department of State Health Services. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2) to camp. One (1) will be kept and closely guarded by camper and one (1) given to the Sponsor. Similar special cases must be discussed with Camp Director. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Isaiah's Place ' Notice of Privacy Practices uses and disclose health information about my child/youth to the group leader, director, his designee, the child's sponsor and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I hereby authorize the Isaiah's Place Camp & Retreat Center staff, Camp Manager or Group Leadership to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage. ****Please attach copy of insurance card.****

If parent cannot be reached in an emergency, please contact:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name of Medication	Dosage	Frequency / Time(s)	Comments

Camper Pick up Policy: Remember that the continuity of the camp experience is used by the Holy Spirit to touch campers' hearts. Taking a camper out for even a brief period can reduce the spiritual effectiveness of camp. Please minimize absences.

Written permission *must* be provided to the camp before a child will be allowed to leave with any person other than listed below.

Authorized Person's Name (please write legibly)	Relationship to Camper	Phone Number(s)

Camper Statement: I agree to obey all rules (rules having to do with safety and Christian behavior) and regulations of Isaiah's Place Camp & Retreat Center, and will cooperate with leaders and fellow campers and with the camp staff at Isaiah's Place .

Camper's Signature: _____ **Date:** _____

Family Authorization for camper: In consideration for your agreeing to accept the above-named individual as a camper, I/we hereby assume all risk in connection with participation in the above-named Christian camp. I/We authorize medical and surgical treatment for my child as may be needed in the judgment of the treating physician (physician chosen by Isaiah's Place management). I/We understand twenty-four-hour first aid care is available on the campgrounds, and I authorize transportation of my child at their discretion in case of emergency. I/We further understand that only limited secondary accident coverage (\$2,500 maximum) is provided. I further give permission and consent to Isaiah's Place Camp & Retreat Center for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Isaiah's Place Camp & Retreat Center with the reproduction either wholly or in part.

Signature of parent or legal guardian: _____ **Date:** _____

**Isaiah's Place Retreat & Learning Center Risk Release
ACCIDENT RELEASE FORM**

Definitions:

"CAMP" means ISALAH'S PLACE, INC., a Texas nonprofit corporation, its Member Churches, Directors, Officers, Employees, Agents, Volunteers, or Associates.

"Applicant" means campers and all participants in CAMP activities, and the parent, legal guardian or conservator of any campers and all participants in CAMP activities, **who verifies by this signature that he or she has the legal right to sign on behalf of camper or participant less than 18 years of age (Minor)**, and Applicant's heirs, executors and administrators, successors and assigns, and members of Applicant's family, including any minors accompanying Applicant.

"Risks and Dangers" include, but are not limited to, the negligence or intentional acts of other people, including other campers, drowning or other water injury, falls or injury from heights (ground to 50 feet), accident or illness in remote places without medical facilities, the forces of nature, and travel by air, boat, automobile, or other conveyance, elements of nature, including temperature extremes, inclement weather, poisonous plants, biting or stinging insects, animals, rough outdoor terrain, and possibly high altitude, including the possibility of asthmatic or allergic attack.

CONSIDERATION:

Applicant is a camper at CAMP, or potential participant in CAMP Activities. This agreement is made in consideration of CAMP leaders allowing Applicant to participate in such activities: **All Applicants must sign this agreement before being allowed to participate in CAMP activities.**

NOTICE:

Applicant acknowledges that these Activities involve inherent Risks and Dangers and that Applicant will be exposed to these Risks and Dangers. Applicant recognizes that these Risks and Dangers may cause personal injury or death, loss or damage to personal property, emotional distress, and psychological damage due to accidents or intentional acts which may occur during these activities. Applicant understands that transportation for medical treatment may take an hour.

APPLICANT'S HEALTH:

Applicant certifies Applicant is completely physically, mentally, psychologically, and emotionally healthy, and capable of participating in all Activities, except for those listed below. Applicant has specified in detail any reasonable accommodation necessary for any disability that Applicant may have and has supplied equipment, medicine, or medical supplies that Applicant may need. Applicant understands that participation in this CAMP program is entirely VOLUNTARY. Applicant is solely responsible for determining whether there is any reason that Applicant should not participate in any Activities, including possible contact with any substances that may cause asthma or allergic reactions.

RELEASE:

In consideration of, and as part payment for the right to participate in Activities and the services and food arranged by CAMP, Applicant: (1) fully releases CAMP from current or future liability from negligence, gross negligence, or intentional tort by any person, (2) assumes all Risks and Dangers, whether or not that risk is foreseeable, and (3) will indemnify and hold CAMP harmless from any and all claims, liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, for personal injury, property damage or loss, psychological injury or emotional distress, or medical expenses of any kind and attorney's fees and costs of court filed by Applicant, or by other parties against CAMP, connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

Applicant hereby agrees that Applicant will not sue CAMP for personal or property injury, and, if Applicant attempts to sue, Applicant will not collect any money. In addition, Applicant will indemnify CAMP for attorney's fees and costs of court fees associated with any litigation against CAMP connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

SAFETY:

Applicant will wear shoes and socks and bring and apply sunscreen as necessary. Applicants who are minors or with youth groups will not leave the CAMP grounds, authorized areas, or vehicles transporting Applicant at any time without permission, and Applicant agrees that CAMP is not responsible if Applicant violates this rule. Applicant agrees to follow all safety instructions and to use caution to protect Applicant, other camper, CAMP personnel, and others. Applicant understands that failure to obey safety rules will cause expulsion from CAMP.

REPRODUCED IMAGES

I authorize and release the use of Applicant's image to be reproduced in any form including, but not limited to, newspapers, photographs, magazines, and internet websites, to CAMP for any purpose of CAMP.

BY MY SIGNATURE BELOW, I VERIFY THAT I HAVE READ AND UNDERSTAND EVERY PROVISION OF THIS AGREEMENT.

Name of Camper OR Adult Participant (Please Print) _____

Date of Signature _____

SIGNATURE of Camper OR Adult Participant _____

Date of Signature _____

SIGNATURE of PARENT, GUARDIAN or CONSERVATOR,
of minor CAMPER or PARTICIPANT, who verifies by this
signature the legal right to sign on behalf of minor.

List here any activities you or your parents do not want you to participate in. Parents, be sure to notify sponsors of this request.

Name of Church you are representing _____

Name of Camp Session attending _____ Date of Camp _____

Adult / Leader / Sponsor**Registration Agreement & Medical Release Form for Isaiah's Place Camp & Retreat Center**

Texas Health Department Requirement

To be completed by All Camp Attendees including Directors, Sponsors, Pastors, Volunteers, Speakers, Band Members, Rec Team and anyone over the age of 18 years old that will be staying over-night.

Name _____	Phone # _____	Email Address _____
First Middle Last		
Address _____	City/State _____	Zip _____
Birth Date _____	Sponsor Age _____	Driver's License # _____
		Social Security # ** _____
<i>(** Required by Texas Dept. of Health and only used if the attendee goes to the doctor. Kept CONFIDENTIAL)</i>		
Emergency Contact _____	Relation _____	Phone _____
Family Physician's Name _____	Work phone _____	Pager/Cell _____

Medical conditions and Health History: List any recent illness, injuries and/or hospitalizations relevant to physician in case of an emergency (attach extra sheet if necessary) _____

AUTHORIZATION FOR BACKGROUND CHECK

In consideration of the receipt and evaluation of this form by Isaiah's Place Camp & Retreat Center located at 231 HCR 1207, Whitney, Texas 76692, I hereby give my permission to obtain information relating to my criminal history record. I understand that this information will be used, in part, to determine my eligibility to serve at Isaiah's Place. I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this screening form. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I agree to be bound by the Constitution and policies of Isaiah's Place Camp & Retreat Center and to refrain from unscriptural conduct in the performance of my services on behalf of the Camp. The basic criteria which have been established by the State of Texas for conducting youth camps is met or exceeded by Isaiah's Place Group Leader Handbook requirements and I agree to read thoroughly and adhere to all guidelines therein.

RISK RELEASE:

In consideration of, and as part payment for the right to participate in Activities and the services and food arranged by CAMP, Applicant: (1) fully releases CAMP from current or future liability from negligence, gross negligence, or intentional tort by any person, (2) assumes all Risks and Dangers, whether or not that risk is foreseeable, and (3) will indemnify and hold CAMP harmless from any and all claims, liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, for personal injury, property damage or loss, psychological injury or emotional distress, or medical expenses of any kind and attorney's fees and costs of court filed by Applicant, or by other parties against CAMP, connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

Applicant hereby agrees that Applicant will not sue CAMP for personal or property injury, and, if Applicant attempts to sue, Applicant will not collect any money. In addition, Applicant will indemnify CAMP for attorney's fees and costs of court fees associated with any litigation against CAMP connected with Applicant's program or participation in any activities at CAMP or arranged by the CAMP.

REPRODUCED IMAGES

I authorize and release the use of Applicant's image to be reproduced in any form including, but not limited to, newspapers, photographs, magazines, and internet websites, to CAMP for any purpose of CAMP.

BY MY SIGNATURE BELOW, I VERIFY THAT I HAVE READ AND UNDERSTAND EVERY PROVISION OF THIS AGREEMENT.

_____ Name of Adult Participant ***(Please Print)***

_____ Date _____

SIGNATURE of Adult Participant

FOOD ALLERGY & SPECIAL DIETARY NEED

Please Use Separate Page for Each Person

Name of Camp: _____ Dates: _____

Camper Name: _____ Age: _____

Church: _____

Parents Name: _____ Phone #: _____

Is parent attending camp with child? _____,
If not, please list name of adult sponsor _____

List allergies or explain special dietary needs:

Is camper aware of his/her allergies? _____

Is camper able to monitor his/her own food requirements? _____

Is child bringing some of his/her own food? _____ if so please list below:

A special place is designated in the kitchen for camper to keep his/her own food.

Isaiah's Place understands about cross contamination and will make every effort to prevent any problems. We will strive to work with child and parents to make their week a great dining experience. Please feel free to contact Diane Frederickson at dfrederickson1207@gmail.com.

FACILITY USE FORM

Group or Family Name: _____ **Days/Dates:** _____ **Projected # Attending:** _____
Group Sponsor: _____ **Group Sponsor - Second:** _____
Cell Number: _____

Arrival Time

Facility Use Fee : Under 10 people \$50 __ 11-20 people \$75 __ Over 20 people \$100 __
Meals \$5 Yes__ No __ Times: Breakfast: 8:30am Lunch: 12pm Dinner: 6 pm

OTHER SPECIAL NEEDS:

Want the Following:

Meeting/Activity Room _____
 Outdoor Kitchen __ (wood pit, smoker, grills, gas grill)
 Bunkhouse ____ (Sleeps 26+9 cots)
 Log House __ (Sleeps 8: queen, 3 twins, couch fold out – double, couch)
 Deposit Required: _____ (Email for quote)

Computer Projector _____

Projector Screen _____

Overhead Projector _____

DVD Players available in Bunkhouse, Activity Room, Library, Log House living area.

WiFi in Log House area.

Sports Areas: Sand Volleyball Court, Horseshoe Pit, Kick ball field, Country Frisbee Golf, Playground, Ping Pong Set Up

Younger Children’s Obstacle Course

MEDICAL INFORMATION FORM

Camper's Name _____ Gender _____
Phone _____ Date of Birth _____ Age _____
Weight _____ S.S. # _____

Immunization Record

(Please fill-out all dates)

Diphtheria Toxoid (3 or more doses) _____
Oral Polio Vaccine/OPV (3 or more doses) or Polio Vaccine/IPV (4 or more doses) _____
Measles, Mumps and Rubella Vaccine (2 doses) _____
Hepatitis B Vaccine _____
Last Tetanus Booster _____

Allergies

(Please list any allergies including: medication, insect bites, food, etc.)

Will the camper be bringing allergy serum to camp to be administered by Sponsor?

_____ NO _____ YES (if "yes", the dosage is: _____)

Will the camper be bringing any medication to camp? _____ YES _____ NO

-If "Yes", please list the medication(s) below:

Name of Medication Reason Dosage

In the event of a positive throat culture, I prescribe

For pain or antipyretic, I prescribe

Please list any limitations the child may have:

I HAVE EXAMINED THE ABOVE NAMED CAMPER AND FIND THIS CHILD TO BE PHYSICALLY

ABLE TO ENTER INTO ALL CAMP ACTIVITIES: _____ Yes _____ No

Physician's Name _____ (please print)

Address: _____

Telephone: _____

Physician's Signature _____ Physician's

Stamp _____

PHYSICAL HISTORY

(To be completed by a parent/guardian)

Camper's Name _____

Please be as detailed as possible for any "Yes" responses:

Heart murmur: _____ Yes _____ No

Asthma: _____ Yes _____ No

Any recent injuries or infectious illnesses: _____ Yes _____ No

Chronic recurring illness or conditions: _____ Yes _____ No

Headaches: _____ Yes _____ No

Bedwetting: _____ Yes _____ No

Orthopedic Problems: _____ Yes _____ No

Wears glasses or contact lenses: _____ Yes _____ No

Stomach problems: _____ Yes _____ No

Problems sleeping: _____ Yes _____ No

Sleepwalking: _____ Yes _____ No

Emotional Problems: _____ Yes _____ No

Has your child ever had:

Chicken Pox _____ Yes _____ No Date _____

Head Lice _____ Yes _____ No Date _____

Dietary Restrictions

Food allergies: _____

Does not eat: _____ Meat _____ Poultry _____ Dairy _____ Other

Insurance Information

(Please provide us with a copy of insurance and prescription cards)

Family Medical/Hospital Insurance Company:

Group Number: _____ Name of Insured

Insurance Carrier's Address:

In the event of an emergency, Isaiah's Place is authorized to have x-rays taken, administer medication, order routine tests, use medical or dental specialists, and any care considered essential to the health and well-being of my child.

Parent/Guardian's Signature

Date

BUILDING CHECK-OUT

Group/Family Name _____

Buildings Used (circle): Log House, Bunkhouse, Outdoor Kitchen, Activity Room

Group Sponsor

Contact Information

INSTRUCTIONS:

1. Complete this form and after cleaning the building in accordance with the instructions, give the form to the IP Director/Staff
2. Please see that all campers and camper belongings are out of the building.
3. Please ask all campers to remain out of the buildings once they are clean
4. Group(s), families, or individuals who depart(s) without cleaning the facilities used, (s) may be assessed a cleaning fee.

Clean Restrooms (throw bar soaps away)

Turn off hot water heater in bunkhouse

Leave Trash in bags by the doors (inside buildings)

Sweep floors in all facilities used

Pick up outside trash

Outside trash is tied and bagged and put in small red truck

INSPECTION REPORT

1. The following items were broken during our stay in the building:

· _____

- 2 - The following repairs are needed and in which facility.:

Sponsor Signature _____

ITEMS NEEDED FOR CAMP

Casual Clothes - Modest

Appropriate PJ'S for all (late movie watching, snacks, early showers, etc)

Close-Toed Shoes/Socks

Toiletries (Soaps, Toothbrush, Hair Care Products)

Shower Shoes – Flip Flops

Sleeping Bag/Bedding/pillow

Towels

Camera - Inexpensive

Cell Phones Allowed

Swim clothes (slip & slide, lake)

Bible (for IP program activities)

Sunscreen, Bug Spray

WAIVER OF REQUIREMENTS

Because of your status as _____ Isaiah's Place, Inc. is waiving the following requirements outlined in the Procedures Manual.

We look forward to your stay with us. If you have any questions or concerns please feel free to contact us.