

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: <input type="checkbox"/> Male <input type="checkbox"/> 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:** _____

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.