

LONE TREE CAMPS Registration/Health History Forms

Page 1 To be filled out by **ALL** attending guests

Page 2 Top portion to be filled out by parent and the bottom portion filled out by a **LICENSED PHYSICIAN** for guests under the age of 18. Forms to be returned **TWO WEEKS** prior to arrival in order to attend camp.

FACILITY ATTENDING (CIRCLE ONE)

RANCH

FORT

LAKESHORE

MISSIONS

Date of Camp _____ Date of Birth ____/____/____ Age ____ M / F First LT camper? Y / N

Camper _____ If with a group, group name _____

Parent/Guardian: Father _____ Mother _____

Home address _____ City _____ State _____ Zip _____

Email _____ Home # _____

Father's Work # _____ Cell # _____

Mother's Work # _____ Cell # _____

In case of emergency and neither parent can be reached, please notify:

Name _____ Home # _____ Cell # _____

Relationship to camper _____

Family Physician Name _____ Phone # _____

**** PLEASE SEE ATTACHED MEDICAL FORMS ****

If you or your child should require medical attention while at one of the Lone Tree Camps for injuries received or illnesses contracted prior to coming, please send information necessary to give him/her proper medical service during this time.

In case of emergency, I hereby give permission to the physician selected by the camp director or his staff to hospitalize and secure proper treatment for and order injections, anesthesia or surgery for me or my child as named above. I also hereby give my permission for me or my child to participate in all activities, including but not limited to Swimming, Boating activities, Blobbing, Bike Ramp, River Float, Hotsprings, Field Sports, Mountain Rappelling, Vehicle Transportation, Climbing, Waterslide, Mechanical Bull, Archery, Rifle Range, Hayrides, Horseback Riding, Cycling, Zip line, Swings, Caving, Diggler Mountain Scooters.

I am also responsible for securing transportation for my child from camp, pick up will be supervised and approved by myself or by the designated on-site leader that attends camp with the campers' church or school group.

*I agree to assume, as an explicit condition of me or my child's/ward's participation, any and all risks, including but not limited to these enumerated above. **I agree to release, discharge and hold harmless** Lone Tree Inc, it's staff, the sponsoring church or group and its members from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward.*

*I realize, also that in the event of illness or injury while attending camp or participating in its activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and **I agree to bear the cost of such treatment.** If any changes occur, I will contact the director in writing.*

Periodically, photographs, videos or interviews are taken during the camp session. I acknowledge that by my or my child's participation in a Lone Tree camp session, I give permission and consent for any such photographs, videotapes or interview to be used or published to illustrate report, promote or advertise the camp.

_____/_____/_____
 Father/Guardian Signature Date Mother/Guardian Signature Date

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MISSIONS

Campers Name _____ Date of Camp _____

- ✓ **Attach a photocopy of Shot Record. Date of last Tetanus Shot _____.**
- ✓ **Attach a photocopy of the Front and Back of Insurance Card (essential in emergencies).**
- ✓ **If you do not have Insurance, please call our office to receive an Insurance Disclaimer Form.**

Please list any chronic or recurring illnesses or medical conditions (stomach upsets, rash, frequent cold, etc...), current physical, mental or psychological considerations and **list any allergies** (include food allergies), also list any treatments being taken or given.

Camp Nurse/Administrator may administer the following to my child (check if applicable): _____ Pepto Bismol
 _____ Cough Drops _____ Cough Syrup _____ Acetaminophen (Tylenol) _____ Ibuprofen (Motrin) _____ Aspirin (Bayer)

Operations or serious injuries with dates _____

Swimming or Activity Restrictions _____

MEDICATIONS:

- ✓ A Medication Slip is attached and should be used for prescription medication that will be submitted to camp staff at check-in. The top portion is for check-in, the bottom portion should be attached to this registration page.
- ✓ Campers must also submit non-prescription medications and vitamins upon check-in.
- ✓ Certain items such as Inhalers or critical EpiPens may be kept by the camper upon the staff's approval at check-in.

HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN

A COPY OF A SPORTS PHYSICAL WITHIN THE LAST TWO YEARS WILL BE ACCEPTED

(*) I have examined the above camp applicant within the past 24 months _____ No _____ Yes _____ Date Examined _____

In my opinion, the applicant is physically able to participate in an active camp program _____ No _____ Yes

List any medically prescribed meal plan or dietary restrictions _____

Current or on-going treatments and/or medications _____

(*) Licensed Physician's Name _____ (*) Signature _____

(*) Address _____ (*) City _____ (*) State _____ (*) Zip _____

(*) Phone _____ Date Form Completed _____

Form completed by (If other than Physician) _____

Please complete each line above and note that items with an asterisk (*) are especially important. Thank you!