

Name of Church you are representing _____	T-shirt Size _____
Name of Camp Session attending _____ Date of Camp _____	

Adult / Leader / Sponsor (Must be 21 yrs. or older)
Registration Agreement & Medical Release Form for Latham Springs Camp & Retreat Center

Name _____	Phone # _____	Email Address _____
First _____ Middle _____ Last _____	(Maiden)	
Address _____		City/State _____ Zip _____
Birth Date _____	Sponsor Age _____	Driver's License # _____
Emergency Contact _____		Relation _____ Phone _____
Family Physician's Name _____		Work phone _____ Cell _____
Insurance Provider _____	Policy # _____	ID# _____

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

I hereby authorize the Latham Springs Camp & Retreat Center staff, Camp Nurse or Group Leadership to make emergency medical decisions on my behalf (if necessary) and I understand that my insurance coverage will be Primary Coverage.

***ALL MEDICATIONS, whether prescription or over-the-counter, MUST be in the original container with the camper's name and the current dosage (Required by the Texas Department of State Health Services). All medications must be placed in a large Ziploc bag with your child's name and church name and MUST be given to the Camp Nurse during Registration**

Name of Medication	Dosage	Frequency / Time(s)	Comments
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime	<input type="radio"/> As needed

No medications may be kept in the cabins except with permission from the Camp Health Officer at registration. No medications may be given to ANY child except by the Camp Health Officer. This includes OTC, RX, and essential oils. No essential oil diffusers may be used in cabins due to allergies.

(Initials)

AUTHORIZATION FOR BACKGROUND CHECK

In consideration of the receipt and evaluation of this form by Latham Springs Camp & Retreat Center located at 134 PR 223, Aquilla, Texas 76622, 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 Latham Springs. 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 Latham Springs 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 Latham Springs 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