

Camp Summit Registration Form

(Student's Name)

Last Name _____ M F Grade in Sept. _____

First Name _____ Middle Initial _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent(s)/Guardian(s) Name(s) _____

Home Phone _____ Cell Phone _____

Work Phone _____ Emergency Phone _____

Shirt Size (circle one): **Youth** S M L XL **Adult** S M L XL

Emergency Consent: I hereby give consent for my child to receive emergency medical treatment from a physician or emergency facility, in case I cannot be reached immediately in an emergency. I hereby give my child permission to participate in the ropes course, boating, swimming, and other camp activities.

Photo Release: I give my permission for Christian Friendliness Association to use photos taken of me/my child or my family at any Christian Friendliness Association event to be used in their written publications or on their website. I release my right to any kind of remuneration from said photos.

X _____
Signature required

~~~~~ (This section to be filled out by Christian Friendliness administration) ~~~~~

**Check desired week:**

- RIYC 3-4 Grade (June 7 - 12)
- MYC Sr. High (June 14 - 19)
- RIYC 5-6 Grade (June 21 - 26)
- RIYC Jr. High (July 5 - 10)

- MYC Jr. High (July 12 - 17)
- MYC 5-6 Grade (July 19 - 24)
- RIYC Sr. High (July 26 - 31)
- MYC 3-4 Grade (August 2 - 7)

# Christian Friendliness Association - Camp Summit

3321 - 57th Avenue, New Windsor, IL 61465  
Administrative Office: 309-762-4577 Camp: 309-464-5656

## Participant's Information

Name: \_\_\_\_\_  
Last First MI

**INFORMED CONSENT AND LIABILITY RELEASE FORM**  
**THIS IS A RELEASE OF LIABILITY, PLEASE READ BEFORE SIGNING. DO NOT SIGN OR INITIAL THE**  
**RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS**

1. I have asked to participate in activities at Christian Friendliness Association - Camp Summit. I understand that the outdoor activities may include climbing walls, high or low ropes course, hiking, sledding, swimming, field games, or other related activities. I understand that these activities may involve risk or exposure to inclement weather, which can result in personal injury, death, and property damage. I understand that accidents or illness can occur in remote places without medical facilities. I understand that all these activities can be strenuous activities, which should not be participated in by persons with heart or cardiovascular ailments or other serious illnesses. I represent that myself, my family, and I are in good health and physically and mentally capable of participation in these activities. I understand that any route or activity chosen, as part of our outdoor adventure may not be the safest but has been chosen for its interest.
2. I understand that outdoor climbing walls, high or low ropes courses, swimming, hiking, sledding, field games, and related activities involve risk of falls or other injury; encounters with manmade and natural obstacles or conditions; and equipment or guide failure that can result in personal injury, death and property damage.
3. I understand that participation in climbing wall and ropes course activities includes the use of ropes or other climbing equipment. I understand that the use of their equipment carries with it the risk of equipment failure and of necessity requires a participant to rely on the cooperation, skill, and ability of other participants or an instructor, which can result in personal injury, including death and property damage.
4. I understand that participation in any water activities is to be used at my own risk. A minor may only participate in water activities if supervised by a certified lifeguard or legal parent or guardian. I understand that even under supervision a minor or adult may suffer from injury or death.
5. I understand that swimming in the lake on Camp Summit property is strictly forbidden and I agree not to willfully violate this policy. I understand that Christian Friendliness Association is not responsible for accidents, injury, or death that may result from willful violation of the no swimming policy.
6. I expressly assume the risk of injury, death, and property damage set forth in paragraphs 1-4 above, which may result from my participation and my minor child's participation in the above activities, on my behalf and on behalf of my minor child or wards and waive any claims based on negligence or breach of warranty. I might assert on my own behalf, on behalf of my minor child or wards against Camp Summit, Christian Friendliness Association, or its board, agents, guests, and employees, for personal injuries, death and/or property damage sustained while participating in the aforementioned activities with Christian Friendliness Association - Camp Summit and consent to Christian Friendliness Association obtaining emergency or needed medical services if, within their discretion, the circumstances warrant.
7. I further agree on my own behalf and on behalf of my minor child and wards to hold Camp Summit, Christian Friendliness Association, its board, agents, guests, and employees harmless and to indemnify them for personal injuries to myself, my minor child, others, or for property damage which results from my own participation or my minor child's participation in any of the above activities.
8. I understand that the signature of the parent or guardian of a minor child on this agreement shall make all provisions of this release and agreement applicable to and binding on the minor child and if so signing, I represent I have the legal authority to sign on behalf of said child as his or her parent or legal guardian and hold Christian Friendliness Association, Camp Summit, their owners, boards, agents, or employees, harmless from any loss if said representations is not true.
9. This agreement shall be legally binding upon heirs, my assigns, legal guardians, personal representatives, and me. I have carefully read this agreement and understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into this agreement on behalf of myself, and/or my minor child of my own free will.

X \_\_\_\_\_  
Signature of Parent, Guardian, or Participant (if over 18)

Date: \_\_\_\_\_

# Camp Summit

## Health History Form

For children, youth, and adults attending Camp Summit

*Form to be filled out by parent/guardian of minors or by adult campers/staff members*

Name: \_\_\_\_\_ Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_ Age \_\_\_  
Last First MI

Parent or Guardian (or Spouse) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**If not available in an emergency, notify:**

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Health History** (Check, give approx. dates)

\_\_\_\_\_ Frequent ear infections Operations or serious injuries (dates) \_\_\_\_\_

\_\_\_\_\_ Heart defect/disease \_\_\_\_\_

\_\_\_\_\_ Convulsions \_\_\_\_\_

\_\_\_\_\_ Diabetes Current Chronic/recurring illness or medical condition \_\_\_\_\_

\_\_\_\_\_ Bleeding/clotting disorders \_\_\_\_\_

\_\_\_\_\_ Hypertension \_\_\_\_\_

\_\_\_\_\_ Mononucleosis Dietary restrictions \_\_\_\_\_

\_\_\_\_\_ Current medications (send with instructions) \_\_\_\_\_

\_\_\_\_\_ Chicken pox \_\_\_\_\_

\_\_\_\_\_ Measles \_\_\_\_\_

\_\_\_\_\_ German measles Other diseases \_\_\_\_\_

\_\_\_\_\_ Mumps Date of last tetanus shot \_\_\_\_\_

\_\_\_\_\_ Dentist Name \_\_\_\_\_

\_\_\_\_\_ Doctor Name \_\_\_\_\_

\_\_\_\_\_ Hay fever Do you carry family medical insurance? Yes No

\_\_\_\_\_ Poison ivy, etc if so, indicate carrier: \_\_\_\_\_

\_\_\_\_\_ Insect stings Policy or Group# \_\_\_\_\_

\_\_\_\_\_ Penicillin \_\_\_\_\_

\_\_\_\_\_ Other drugs \_\_\_\_\_ Suggestions on health related information for camp

\_\_\_\_\_ Asthma personnel: \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_

**Important - the authorization below must be completed for attendance**

This health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. **Authorization for Distribution of Prescription Medications:** I hereby give permission for camp personnel to administer my child's prescription medications as directed by his/her personal physician. I also give permission for my child's picture to be used by Christian Friendliness Association/Camp Summit for promotional purposes. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staff X \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_