

LAKE TOMAHAWK CHRISTIAN RETREAT CENTER

408 Lake Tomahawk Rd., Livingston, Texas 77351-9510
800.522.6720 • 936.563.4644 • 936.563.4630 (Fax)
www.laketomahawk.org

2008

STUDENT REGISTRATION MEDICAL / LIABILITY RELEASE FORM

INSTRUCTIONS: Complete the Registration form in its entirety. Parent or legal guardian signature is required on both front and back of Registration form. All requested information is applicable. Type or print legibly in Dark Ink.

DATE: ___/___/___

Camper's Name: _____ Social Security No.: _____
First Middle Last (indicate name used)

Address: _____
Street City State Zip

Birth Date: ___/___/___ Age Now : ___ Sex: (M/F) ___ Grade Completed '08 end of school yr: ___
Mo. Day Year

CIRCLE T-SHIRT SIZE: YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL AXXL AXXXL

Home Phone: (_____) _____ E-mail: _____

Name of Church or Group with whom you are attending: _____ City: _____ State: _____

Parent / Legal Guardian: _____ Relationship to You: _____

Parent / Legal Guardian Phone Number: Daytime (_____) _____ Evening (_____) _____ Other (_____) _____

Parent Email: _____

MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

Medications you take for current medical condition (asthma, allergies, etc.) _____ _____	Health Information: Do you have, or have you had Recent Serious Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO Recent Surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO Chronic Medical Condition? <input type="checkbox"/> YES <input type="checkbox"/> NO Other Health Concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES to any of the above, please describe: _____
Medications you take occasionally (headaches, etc.) _____ _____	Special Diet? _____
Do you plan to bring these or any other medications to camp with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of last Tetanus Shot? _____
<i>State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original bottle (prescription or over-the-counter), properly labeled as prescribed by law.</i>	Allergies: Food? _____ Drugs? _____
	Insect Stings/Bites? _____ Other? _____

Person to Notify in **Event of Emergency**: _____ Relationship to You: _____

Phone Number of Contact Person: Daytime (_____) _____ Evening (_____) _____ Other (_____) _____

Family Physician: _____ Phone: (_____) _____

Medical Insurance Co.: _____ Plan or Group #: _____

Insured ID or Member #: _____ Ins. Co. Phone #: (_____) _____

It is recommended that you attach a photocopy of your family medical insurance card.

I, _____ being the legal guardian of _____ give my permission to Lake Tomahawk Christian Retreat Center's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Lake Tomahawk Camp sponsored activities.

X _____ (_____) _____
Required Parent or Legal Guardian Signature Date Phone Number

IMPORTANT... SEE REVERSE SIDE FOR MANDATORY STUDENT AND PARENTAL RELEASE



AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

LAKE TOMAHAWK CHRISTIAN RETREAT CENTER hereinafter referred to as the "Camp" requires a signature for all attendees of the Camp and all participants of any Camp activity including, but not limited to, Water Crafts, Water Toys, Backpacking, Camping, Basketball, Football, Baseball, Softball, Volleyball, and any and all other camp and recreational sports and activities. Furthermore this form releases the Camp to photograph and/or use photographs of myself or my child for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative problems, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level **IS AT ALL TIMES COMPLETELY UP TO THE INDIVIDUAL'S CHOICE** and, if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp Activity. **I agree to assume such risks and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Lake Tomahawk Christian Retreat Center from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in any and/or all Camp activities.**"

If you feel that there are any activities in which you or your child should not be involved in, please describe for us on an attached sheet the activities (include name and church/group name on the attached sheet). I understand the directors of Lake Tomahawk Christian Retreat Center reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Lake Tomahawk Christian Retreat Center programs.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X _____
Required Student Camper's Signature Date

X _____
*Required Parent or Legal Guardian Signature Date
(If Student Camper is 18 years of age or younger)*

CAMP RULES

1. All medications are to be listed on the Registration/Medical Release form and taken to the Health Center and registered with the LTCRC medical staff. All medications must be in original bottle and/or container. Medications will be administered as per RX label instructions and dosage, unless written, signed, and dated parental instructions state otherwise. Students are not to share any medications, including over-the-counter medications.
2. Campers who are ill or injured must be either in the LTCRC camp office, medical clinic, or hospital. In the event of illness or injury, students will not be permitted to remain in their dorm rooms.
3. Prank supplies are not allowed in the dorms (i.e. shaving cream, body paint, water balloons, water guns/blasters). There are no exceptions.
4. Adult supervision is required at the lake. At no time is a student to go to the lake without adult supervision. Lifejackets are required for lakefront activities, regardless of a person's age or water safety ability.
5. Drugs, alcohol, any form of tobacco, firearms, knives, or any kind of weapon, or fireworks are NOT allowed.
6. Campers are expected to reflect a Christian example by their dress. Shorts can be worn to worship but must be longer than the arm and hand when extended down the side of the person. Modest skirts and dresses are acceptable in worship, and jeans are always acceptable. Immodest shorts or tops, spaghetti strap tops, distasteful designs or messages, cheer shorts and other extreme clothes are not acceptable at any time. Only one-piece swimsuits or tankinis that cover more than 80% of the stomach are allowed. Bikinis, French cut or one piece resembling two-piece swimwear will require a dark colored t-shirt to be worn over them. Campers may be asked to change their attire if an adult feels their dress is inappropriate. SHOES MUST BE WORN AT ALL TIMES.
7. Refrain from Public Display of Affection with others.
8. Under NO circumstances are girls to be in guys rooms or guys in girls rooms.
9. No fighting is allowed.
10. Students are to respect all adult leaders and follow their instructions. All adults—members of LTCRC leadership team, church leadership teams, and adult volunteers—are in places of authority over all students. They have been trained in how to guide students for each particular event.
11. Everyone must attend all scheduled events. If your group is in an activity, whether in the classroom or on the athletic field, you must be with them. There are no exceptions to this unless you are injured or sick and are at the LTCRC Health Center, doctor's office or hospital.
12. Campers MUST be in the dorm by designated camp curfew. Your curfew is for your security and for your mental and physical well-being.
13. Guests are not allowed to bring pets on campus. No pets in the dorms, motels, or meeting rooms.

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ADULT REGISTRATION MEDICAL / LIABILITY RELEASE FORM

INSTRUCTIONS: Complete the Registration form in its entirety. Parent or legal guardian signature is required on both front and back of Registration form. All requested information is applicable. Type or print legibly in Dark Ink.

DATE: ___/___/___

Adult's Name: _____
First Middle Last (indicate name used)

Address: _____
Street City State Zip

Birth Date: ___/___/___ Age Now : ___ Sex: (M/F) ___ Social Security No.: _____
Mo. Day Year

CIRCLE T-SHIRT SIZE: AS AM AL AXL AXXL AXXXL

Phone Number: Daytime: (_____) _____ Evening: (_____) _____ Other: (_____) _____

Email: _____ Occupation: _____ Employer: _____

Name of Church or Group with whom you are attending: _____ City: _____ State: _____

MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

Medications you take for current medical condition (asthma, allergies, etc.) _____ _____ _____ Medications you take occasionally (headaches, etc.) _____ _____ Do you plan to bring these or any other medications to camp with you? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original bottle (prescription or over-the counter), properly labeled as prescribed by law.</i>	Health Information: Do you have, or have you had Recent Serious Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO Recent Surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO Chronic Medical Condition? <input type="checkbox"/> YES <input type="checkbox"/> NO Other Health Concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES to any of the above, please describe: _____ _____ Special Diet? _____ Date of last Tetanus Shot? _____ Allergies: Food? _____ Drugs? _____ Insect Stings/Bites? _____ Other? _____
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Person to Notify in **Event of Emergency**: _____ Relationship to You: _____

Phone Number of Contact Person: Daytime (_____) _____ Evening (_____) _____ Other (_____) _____

Family Physician: _____ Phone: (_____) _____

Medical Insurance Co.: _____ Plan or Group #: _____

Insured ID or Member #: _____ Ins. Co. Phone #: (_____) _____

It is recommended that you attach a photocopy of your family medical insurance card.

ADULT COUNSELOR AGREEMENT I, _____, acknowledge the above information is correct to the best of my knowledge. Furthermore, I give permission for Lake Tomahawk Christian Retreat Center staff to provide and authorize any medical treatment necessary. X _____ <i>Required Signature</i> Date	PASTOR, STAFF, GROUP DIRECTOR STATEMENT <i>(State Law Requirement)</i> The person above is known by me. To my knowledge, this person has not been convicted of any crimes committed against minors in his/her back-ground. I assume full responsibility for this person serving as a camp sponsor working with minors. X _____ <i>Signature of Pastor, Staff Member, or Group Director</i> Date
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IMPORTANT... SEE REVERSE SIDE FOR MANDATORY RELEASE and CAMP RULES



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I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X _____

Required Adult Attendee/Participant Signature

Date

CAMP RULES

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12. Campers MUST be in the dorm by designated camp curfew. Your curfew is for your security and for your mental and physical well-being.
13. Guests are not allowed to bring pets on campus. No pets in the dorms, motels, or meeting rooms.
14. Sponsors must be certified in Child Protection Training and must have background checks.