



Junior School Camp Forms
June 14-18th
Table in the Wilderness
Centennial, WY

Jr High CAMPER Registration

Camp Dates: June 14 - 18

TOTAL COST:
\$220

CAMPER'S INFO

Camper's Name: _____

Father/Guardian: _____

Address: _____

Email: _____

City: _____

Cell Phone: _____

State: _____ Zip Code: _____

Employer's Phone Number: _____

Grade: _____ D.O.B. / / _____

Male Female

Emergency Contact other than Parent/Guardian

Church: _____

Name: _____

City: _____ Sr. Pastor: _____

Email: _____

Camp Coordinator/Admin: _____

Home/Cell Phone: _____

Phone: _____

Relationship to Camper: _____

Email: _____

Person(s) designated to pick up child:

PARENT/GUARDIAN/EMERGENCY INFO

Names: _____

Mother/Guardian: _____

Phone: _____

Email: _____

Cell Phone: _____

Person(s) NOT designated to pick up child:

Employer's Phone Number: _____

Names: _____

Camper's Declaration:

I will fully cooperate with the staff, rules, and program established by the camp so as not to discredit my parents, my pastor, my church, or myself.

Camper's Signature: _____

Pastor's Recommendation:

I recommend this camper as one who will cooperate with staff, rules, and camp program. I understand it is my responsibility to see that the camper is picked up if he or she does not cooperate.

Camper's Signature: _____

The registration fee includes all activities such as addition to lodging, meals, activities, volleyball, archery, zip line, rock wall, canoeing, hikes, and a whole lot more! (some activities may be off site)

**Cancellations are nonrefundable, but are transferable within the same age-group of the church. Transfers made within two weeks of the camp's start date may only be within the same age-group and gender.

CAMPER'S MEDICAL HISTORY

-To be completed and verified by physician-

***New Requirement by the STATE: Please attach immunization records to the application.**

Do you have any of the following conditions?

Diabetes: Yes No Tuberculosis: Yes No **Allergies (severe reactions only):**
Epilepsy: Yes No Other: _____ Hay Fever: Yes No Penicillin: Yes No
Asthma: Yes No Ivy Poison: Yes No Insect Stings: Yes No

List any surgeries had in the last two years:

Standard Over-the-Counter/PRN Medications:

The following medications can be administered by camp medical personnel if approval is indicated by the camper's health care provider. Unless otherwise specified on this form, the route of administration, dosage, and schedule will be determined based on the manufacturer's instructions as appropriate for camper's age, weight, etc. Generic equivalence of name-brands may be administered; please indicate if a child has an allergy to specific name-brand drug. Medications should be brought to camp in **LABELED CONTAINERS WITH DOSAGE INFORMATION INCLUDED**. **Cross out those which your camper should NOT be given.**

Acetaminophen (Tylenol)	Cough Drops	Pseudoephedrine (Sudafed)
Activated Charcoal	Guaifenesin DM (Robitussin)	Ibuprofen (Advil)
Aloe Vera	Diphenhydramine (Benadryl)	Ipecate
Bismuth Chew Tabs (Pepto-Bismal)	Double Antibiotic Cream	Kaopectate
Night Time Cold Formula	Lidocaine 2% Topical	Calamine Lotion
Chlorpheniramine (Chlor-Trimeton)	Hydrocortisone Cream	Opcom-A eye drops
		Tums antacid

Is the camper on prescription medication? Yes No Does the camper use Bee Sting Epinephrine? Yes No
If yes to either, please list exactly what and when it is to be taken: *(Attach additional information as needed.)*

Camp Covid-19 Protocol

It is important to note that we are still currently in a pandemic. Having your child participate in camp is at your own discretion and risk. We will take every precaution we can to ensure the safety of all of our campers, however they still will be bunking with 10-14 other students and adults and masks will not be worn while sleeping or during outdoor activities. Here are the following precautions we will be taking:

- Before the students get into the vehicle to come to camp their temperatures will be taken and recorded.
- They will answer symptom checklists (before entering the vehicle)
- Masks will be worn while in line for all meals and can be taken off when they get to their tables. Hand sanitizer will be available before picking up meals and tables will be sanitized after every meal.
- Masks will be worn standing in line for all workshops and services done indoors.
- During team games and activities done outdoors masks will not be encouraged due to altitude and heavy activity.
- Our camp is in the state of Wyoming, there is no mask mandate. The camp staff will not be wearing masks while running outdoor activities. This is the camps statement about masks. “In accordance with the State of Wyoming’s constitution, we affirm each individual’s rights to make their own health decisions and ask that individuals exercise common sense as we interact with one another. Hand washing and monitoring of symptoms are recommended.”
- Students will be monitored by their group/cabin leader and should they start to feel ill or exhibit symptoms we will isolate immediately and call the parents.
- Due to size of camp and cabin restrictions quarantining at camp will not be an option and the child will need to be picked up promptly.

I acknowledge that I have read and understood this protocol.

Signature of Parent

Date

FOURSQUARE EVENTS - PARENTAL CONSENT AND RELEASE FORM

Information in this document is protected by HIPAA privacy laws and should be handled accordingly

Each signed form is only good for travel during and attendance at a specific camp. A new form must be completed for each event.

Event name: _____	Event Code: _____	District: _____	Date: _____
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Note to Parent/Guardian: The Foursquare Church wants your child's experience at this event to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have your child's current and past medical history and medical insurance information.

Child's Name: _____ Birthdate _____ Gender: Male Female

Parent/Legal Guardian Name: _____ Email: _____

Home Address: _____ Cell Phone: _____

Work Address: _____ Work Phone: _____

If not available in an emergency, notify: _____ Cell Phone: _____

ACCIDENT COVERAGE:

I understand that my personal insurance will be primary coverage for any accidents and that Foursquare's Insurance, which only covers medical expenses, is secondary up to a maximum of \$50,000, and does not cover illness. I also understand that if I have questions, I must contact ICFG Insurance at (213) 989-4400.

My Insurance Provider: _____ Policy Number: _____

Insurance Company Address/Web Address: _____

Not currently insured - ICFG reserves the right to subrogation if it is later determined that personal medical insurance was in place.

The child is currently under the care of a physician for the following condition(s): _____

Chronic or recurring illness or medical condition (including behavioral conditions): _____

Operations or serious injuries (including dates): _____

Explanation of any reported loss of consciousness, convulsion or concussion: _____

List any activities from which the applicant should be excluded: _____

List any medication/treatment to be administered during the event (specify dosages and intervals/times): _____

Family Physician or Medical Group: _____ Phone: _____

ALLERGIES AND DIETARY RESTRICTIONS (List any food, drug, plant, insect or other allergies)

FOURSQUARE EVENTS - PARENTAL CONSENT AND RELEASE FORM

IMMUNIZATIONS	HEALTH HISTORY
<input type="checkbox"/> Applicant has NOT been immunized for: <input type="checkbox"/> medical <input type="checkbox"/> personal <input type="checkbox"/> religious reasons OR <input type="checkbox"/> Check and date any immunizations the applicant has received:	Check the box next to any medical conditions experienced (past or present) by the applicant:
<input type="checkbox"/> DTaP (Diphtheria, Tetanus, & Pertussis) Date: _____ <input type="checkbox"/> TD (Tetanus & Diphtheria) Date: _____ <input type="checkbox"/> MMR (Measles, Mumps & Rubella) Date: _____ <input type="checkbox"/> Polio (OPV or IPV) Date: _____ <input type="checkbox"/> Hepatitis B Date: _____ <input type="checkbox"/> Varicella (Chicken Pox) Date: _____ <input type="checkbox"/> HIB (Haemophilus Influenza B) Date: _____ <input type="checkbox"/> Other Date: _____	<input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorder <input type="checkbox"/> Convulsions in last 60 days <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Measles _____ <input type="checkbox"/> German Measles _____ <input type="checkbox"/> Mumps _____ <input type="checkbox"/> Hepatitis A _____ <input type="checkbox"/> Hepatitis B _____ <input type="checkbox"/> Hepatitis C _____ <input type="checkbox"/> Mononucleosis _____

PROTECTIVE CUSTODY ARRANGEMENTS

Is there a court order in place that lists certain persons who are not authorized to pick up your child? Yes No
 If yes, the following people are NOT allowed to pick up my child: _____
 If yes, the following people ARE allowed to pick up my child: _____

SIGN > **Signature of parent/guardian:** _____ **Date:** _____

AUTHORIZATION FOR TREATMENT This health history is correct to the best of my knowledge, and the child herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director, to order X-rays, routine tests, treatments; to maintain and/or release any medical records necessary for medical treatment or for insurance purposes as outlined under the HIPAA regulations; and, to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by The Foursquare Church to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed or deemed appropriate for the child named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of my child, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. In addition, I authorize my child to carry emergency medications and to use as directed; I also authorize the camp to hold and administer my child's medications in accordance with my directions.

SIGN > **Signature of parent/guardian:** _____ **Date:** _____

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees with the exception of the Accident Coverage as set out herein. to the extent that it applies. I further agree that in giving this permission and authorization, The Foursquare Church does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for trips outside of Foursquare facilities.

SIGN > **Signature of parent/guardian:** _____ **Date:** _____

ACKNOWLEDGEMENT OF INHERENT RISK/ WAIVER AND RELEASE I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY EVENT ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME OR MY CHILD AT THIS TIME. I RECOGNIZE THAT MY CHILD'S ATTENDANCE AT A FOURSQUARE CHURCH EVENT IS A PRIVILEGE, AND AS A CONSIDERATION FOR THIS PRIVILEGE, MY CHILD AND I RELEASE THE FOURSQUARE CHURCH, INCLUDING ITS EMPLOYEES, AGENTS REPRESENTATIVES AND VOLUNTEERS, FROM RESPONSIBILITY FOR MY CHILD'S ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT THIS EVENT OR DURING FOURSQUARE CHURCH SPONSORED TRAVEL TO AND FROM THIS EVENT. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MINE AND MY CHILD'S FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE EVENT VENUE WITH PROPER STAFF SUPERVISION.

INDEMNIFICATION BY SIGNING BELOW, I AGREE TO INDEMNIFY, DEFEND AND HOLD THE FOURSQUARE CHURCH HARMLESS FROM ANY CLAIM ASSERTED BY MY CHILD AGAINST THE FOURSQUARE CHURCH, INCLUDING ITS EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS, IF MY CHILD ATTEMPTS TO REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

PHOTO RELEASE I HEREBY GRANT PERMISSION TO THE FOURSQUARE CHURCH THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF THE FOURSQUARE CHURCH.

SIGN > **Signature of parent/guardian:** _____ **Date:** _____