



STUDENT REGISTRATION FORM

PLEASE COMPLETE FORM AND RETURN TO YOUR GROUP CONTACT PERSON.

INSTRUCTIONS: Individuals 18 years of age or younger— Complete the Student Registration form in its entirety. Parent or legal guardian signature is required on each of the 3 pages. All requested information is applicable. Type or print legibly in Dark Ink. The COMPLETED Medical/ Liability Release form is a REQUIRED document authorizing entrance to HLCCC property and participation in camp activities. Upon arrival, the completed form must be delivered to the M3 camp staff who will pass it along to the HLCCC administrators. Texas Law requires that the completed original medical form be kept in the Campus Nurses' Station and become a document of permanent HLCCC record.

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

Mailing Address: _____
Street Apt. # City State Zip

Birth Date: _____ Age Now : _____ Sex: (M/F) _____ Grade (entering Fall 2017): _____
Mo. Day Year

Home Phone: _____ E-mail: _____ Social Security #: _____

Have you (camper) been convicted of a felony: YES NO If yes, explain: _____

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 _____

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

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my stay at Highland Lakes Camp and Conference Center, Spicewood, TEXAS also known as HLCC in connection with an event of the Southern Baptists of Texas Convention (SBTC), certain risks and dangers will occur. These may include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, volleyball, soccer, softball, basketball, archery range, wilderness hiking, swimming, use of watercrafts, and a challenge course which has a climbing wall, zip lines, high and low elements, and a team power pole. In consideration of HLCC and SBTC providing and my willingness to engage in these rigorous activities and a special environment, I have and do hereby hold HLCC and SBTC their respective owners, officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which may arise from or in connection with my stay or participation in any activities arranged for me by my organization or my group leaders, HLCC or SBTC. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family. I authorize the use of my or my child's photograph or video on the HLCC or the SBTC website or brochures for camp updates and communication.

In case of an accident or illness, I authorize HLCC's nurse or first aid personnel to examine, treat, or administer medications for any illness or injury to my child as deemed necessary. In the event of an emergency involving my child and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care for me or my child. I hereby release, indemnify and hold harmless HLCC and the SBTC, their owners, officers, directors, trustees, agents, employees, and/or volunteers from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of HLCC, or the SBTC, their owners, officers, directors, trustees, agents, employees or volunteers.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and have understood.

X _____
REQUIRED Student Camper's Signature Date

X _____
REQUIRED Parent or Legal Guardian Signature Date



STUDENT MEDICAL HISTORY AND AUTHORIZATION FORM

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

Camper's Name: _____ Birth Date: _____ Age: ____ Sex: (M/F) ____
First Middle Last Mo. Day Year

Church: _____ City: _____ Dates at HLC: _____ to _____

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

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

If unable to reach above person: Notify _____ 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 #: _____

MEDICAL INFORMATION

Significant Allergies (specify)

- Food: _____
- Insect Sting: _____
- Medicine/Drug: _____
- Plant/Pollen: _____
- Other: _____

Special Diet: _____

Recent Surgery? _____

Date of last Tetanus Shot? _____ Immunizations Current? _____

Diseases, Chronic or Recurring Illness: (Check all that apply, explain)

- Asthma: _____
- Bleeding Disorder: _____
- Dermatological Condition: _____
- Diabetes: _____
- Ear Infections: _____
- Heart Defect: _____
- Seizures: _____
- Stomach Condition: _____
- Emotional: _____

State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original container (prescription or over-the counter) properly labeled as prescribed by law. Prescription labels must have the camper's name and current dosage. A current Medication Administration Authorization Form MUST accompany all medication. Medications and Administration instructions will be collected and reviewed by HLC Medical staff upon camper arrival. HLC Medical staff requests that you NOT send over the counter medications such as Tylenol, Ibuprofen, Benadryl or antihistamines. HLC stock an assortment of over the counter medications for the occasional need.

HEALTH CARE AND CAMP PERMISSION— ALL PARENTS/GUARDIANS MUST INITIAL & SIGN THE STATEMENTS BELOW.

____ I give my permission for first aid techniques and simple health care to be administered as the need arises. I understand in the event of any serious injury or illness on the part of my child/ward, the camp officials reserve the right to seek professional medical attention including but not limited to consultation with medical director, EMS transportation, and hospitalization.

____ I give permission for my child/ward in consultation with the Camp Health Supervisor and/or the medical director's standing orders to be given the following medications as indicated by checking below:

____ acetaminophen (i.e. Tylenol)	____ ibuprofen (i.e. Advil)	____ decongestant (i.e. Sudafed)
____ antihistamine (i.e. Benadryl, Claritin)	____ antihistamine cream	____ antibacterial ointment
____ antacid tablet (i.e. Tums)	____ additional medications as indicated/prescribed by the HLC Medical Director	

I hereby attest that all information listed on this Medical Form is complete and accurate to the best of my knowledge that my child/ward is in acceptable health, physical ability, and emotionally ready to fully participate in camp. I grant my permission, as the parent/guardian of the camper mentioned on this form, to participate in all activities associated with the enrolled event with the exceptions of those that are noted.

I, _____ being the legal guardian of _____ give my permission to Highland Lakes Camp and Conference 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 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 Highland Lakes Camp sponsored activities.

X _____
REQUIRED Parent or Legal Guardian Signature _____ Date _____ Phone Number _____

MEDICATION ADMINISTRATION AUTHORIZATION

This form is to be completed and submitted upon arrival at M3 Week to the HLCCC Medical Staff along with below described medications.

Name: _____ Birthdate: _____ Age: ___ Sex: ___ Male ___ Female

Church group student came with: _____ Church City & State: _____

As the parent or legal guardian of the above-named child, I give my permission to the enlisted Highland Lakes Medical Staff to administer as prescribed by law the listed below medication to my child.

Parents/Guardian Signature _____

Date _____

Daytime Phone # _____

Evening Phone # _____

For Prescription Medications only...PLEASE follow these guidelines:

In accordance with Texas Department of Health regulations: ALL Medication that is brought to camp must be: (1) Placed in the Health Center,

(2) Prescribed for the camper (not a sibling or parent), (3) In the original container with all labels intact, and (4) Correct current dosage.

Dosage of non-prescription medication may not exceed product recommendation without doctor's written orders. HLC Medical Camp staff request that you do not send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). These types of medication, as are others, is provided by the camp).

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ___ Tablet ___ Pill ___ Capsule ___ Liquid ___ Inhalation ___ Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ___ Tablet ___ Pill ___ Capsule ___ Liquid ___ Inhalation ___ Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

Name of Medication: _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ___ Tablet ___ Pill ___ Capsule ___ Liquid ___ Inhalation ___ Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

If necessary, make additional copies of this blank Medication Form in order to provide requested information for each medication. All Medication Release/Administration Forms and medication(s) to be administered should be given to the church Contact Person prior to arriving at camp. When the church group arrives at camp, the Contact Person will be responsible for bringing all medications and forms to the camp registration area. The Forms will be reviewed by our Medical Staff to clear up any possible questions about medications or their administration. To make it easier for the church Contact Person, the parent/or student should put their medications and forms in a zip-lock type plastic bag with the student's name and church written with a marker on the outside of the bag. Parents should emphasize to their child(ren) the responsibility of reporting to the camp Health Center for their medications while at camp.

GENERAL CAMP RULES

1. All medications are to be listed on the Registration/Medical Release form, registered with the HLC medical staff and taken to the Health Center. 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. A completed Medication Administration Form should be provided with the medications. Guests are not to share any medications, including over-the-counter medications.
2. Guests who are ill or injured must be either in the HLC 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 and/or pool. At no time is a student to go to the lake and/or pool 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, matches or fireworks are NOT allowed.
6. Guest should not bring the following to camp: Cell phones, iPods, mp3 players, video games, CD players, television, laptop computer, play station or any other type of electronic games or equipment should not be brought to camp. Keepsake or valuable jewelry, collectible or memorabilia sportswear should not be brought to camp. HLC will not be responsible for the misplacing or theft of guest personal property.
7. Skateboards, rollerblades, Heely roller shoes are not allowed.
8. Guests are discouraged from bringing food items. Snacks will attract ants in the dorms. We suggest that if you bring snacks, that the food be stored in tightly sealed containers, such as a plastic storage container or zip-lock plastic bag. No electric appliances to be used for food preparation is allowed. The HLC Concession stand will be open throughout the day and each evening.
9. Guests (students and adults) are expected to reflect a Christian example by their dress. **Counselors, parents, and church leaders are responsible** for the clothing and appearance of the youth and adults attending camp. The manner of dress should be set and clearly communicated prior to leaving home. Modest skirts, dresses, shorts, and jeans are acceptable in worship. Immodest short shorts or tops, small tank tops, light clothes, spaghetti strap tops, distasteful designs or messages, cheer shorts and other extreme clothes are not acceptable at any time. Shorts must be longer than the arm and hand when extended down the side of the person. Only one-piece swimsuits or tankinis that cover more than 80% of the stomach are allowed. Bikinis, French cut or one-piece swimwear that resembles two-piece will require a dark colored t-shirt to be worn over them. Campers may be asked to change their attire if an adult or HLCCC staff feels their dress is inappropriate.
10. Refrain from Public Display of Affection with others.
11. Under NO circumstances are girls to be in guys rooms or guys in girls rooms.
12. No fighting or inappropriate / profane language is allowed.
13. Students are to respect all adult leaders and follow their instructions. All adults—members of HLC 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.
14. 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 HLC Health Center, doctor's office or hospital.
15. Guest MUST be in the dorm by designated camp curfew. Your curfew is for your security and for your mental and physical well-being.
16. Guest must wear nametags at all times. Each camp participant will be issued a nametag upon arrival, which is to be worn during all meals, and other activities during the day.
17. Guests are not allowed to leave Highland Lakes Camp without proper parental written authorization and approval of HLC administrative staff.
18. Guests are not allowed to bring pets on campus. No pets in the dorms, motels, or meeting rooms.
19. Guest and/or church group leadership will be held financially responsible for any property damages that occur during their stay at HLC. Campers should refrain from writing on furniture or walls. Do not use duct tape to affix signs to doors or walls.
20. For your safety, guests are not allowed on any HLC "RESTRICTED" property areas.

STUDENT CONTRACT	PARENTAL/GUARDIAN
<p>I have read the HLCCC General Camp Rules listed above and promise to abide by all established regulations for my enjoyment and for the safety of all participating in Camp.</p>	<p>I have read the HLCCC General Camp Rules listed above and understand that my son/daughter may be dismissed from Camp and sent home at my expense if he/she does not adhere to the established regulations. I authorize my son/daughter to participate in all camp activities, unless written notification attached specifies otherwise</p>
<p>X _____</p> <p style="text-align: center;">REQUIRED Student Camper's Signature Date</p>	<p>X _____</p> <p style="text-align: center;">REQUIRED Parent or Legal Guardian Signature Date</p>

AUTHORIZATION FOR EARLY RELEASE

It is understood that my child will return home with the church group he/she arrive with. In the event that my child needs to be released early he/she may be released to the following persons:

Name	Relationship	Driver License No.	Contact Number
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE DO NOT RELEASE MY CHILD TO:
