

- 1) Complete form
- 2) print
- 3) sign highlighted areas &
- 4) turn in to church



## 2014 Camper Registration Form

**Participant Name (please print):** \_\_\_\_\_ **Camper/Sponsor (circle one)**

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Last Grade Completed:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Camp Date:** \_\_\_\_\_

**What church/organization are you attending with?** \_\_\_\_\_

Please provide the following information in case of emergency:

**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contact Name and Phone Number:** \_\_\_\_\_

**List of allergies, if any:** \_\_\_\_\_

**Specify allergic reaction:** \_\_\_\_\_

**Is camper taking any medication that must be given at camp? If yes, please fill out below:**

Please administer to: \_\_\_\_\_ the following medications: \_\_\_\_\_

\_\_\_\_\_ (specify dosage and time).

**\*Notice!\*** All prescription and non-prescription medications must be in original pharmaceutical packaging with correct name, dosage and date on the label. Please place all medications together in a plastic zip-loc type bag and pack them at the top of your child's luggage to make them accessible as soon as they arrive at camp.

**Camper has had (please check all that apply):**

- Appendix Removed
- Chicken Pox
- Fainting Spells
- Asthma
- Heart Trouble

- Convulsions
- Diabetes
- Tetanus Shot? Date: \_\_\_\_\_
- Oral Polio Vaccine? Date: \_\_\_\_\_
- Measles/Mumps/Rubella Vaccine? Date: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health/Medical Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Please give any other health information that the medical staff at Camp Zephyr should be aware (surgical history, psychosocial disorders, special diet requirements, special medical needs, etc):** \_\_\_\_\_

**Photo Release:** I am aware of the fact that photos of myself or your minor may be taken during the week by camp staff, which may appear in future camp publicity or camp website. By signing this, I give the camp permission to use these photos, aware of the fact that myself or your minor WILL NOT be identified in any such photos.

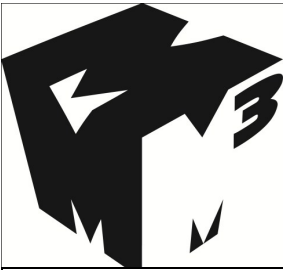
**Release Of Liability Declaration:** I am aware that during my participation at Zephyr, upon my request, certain risks and dangers may occur. These include, but may not be limited to the Zephyr Challenge Course, paintball and other recreation activities. I have and do hereby assume all risks and will hold staff, officers, and trustees harmless from any liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my participation in any activities arranged for me by Zephyr and its staff. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators, and for all members of family. I hereby give my authority and consent to medical treatment and surgical treatment as may be needed in the judgment of the treating physician, for my child by a physician chosen by the Zephyr Administrator or an employee working under him. I understand twenty-four hour first aid is available. I further understand that limited secondary accident and illness coverage is provided. In case of an accident or illness, Zephyr will attempt to provide first aid and arrange transportation to medical services, if needed. Zephyr does have limited secondary medical insurance. **Initial for Release Of Liability Declaration Approval:** \_\_\_\_\_

Participant Signature (all participants, even minors, must sign) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature - if participant is younger than 18 \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by sponsors only:**

1. Have you ever been convicted of a felony or a misdemeanor? \_\_\_\_\_
2. If your address above is less than 2 years old, please provide previous address: \_\_\_\_\_



Student

Leader

# REGISTRATION FORM *For Students and Adults*

**INSTRUCTIONS: Complete the Registration form in its entirety for each person attending. All requested information is applicable. Type or print legibly in Dark Ink.**

Name: \_\_\_\_\_  
First Middle Last (indicate name used)

Mailing Address: \_\_\_\_\_  
Street City State Zip

Birth Date: \_\_\_\_\_ Grade (Fall 2014): \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_  
Mo. Day Year

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

\*Leaders: We will send text alerts at camp for announcements, schedule changes, student needs, etc

T-shirt size (adult sizes-circle one) Small Medium Large XL XXL Other: \_\_\_\_\_

Have you been convicted of a felony:  YES  NO If yes, explain: \_\_\_\_\_

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

If attendee is a minor:

## AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND LIABILITY WAIVER

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my stay at Zephyr Baptist Encampment, Sandia, TX, also known as Zephyr, certain risks and dangers will occur. These 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 Zephyr providing and my willingness to engage in these rigorous activities and a special environment, I have and do hereby hold Zephyr its owners, officers, directors, trustees, agents, employees, and/or volunteers, and the Southern Baptists of Texas Convention 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 or Zephyr or the Southern Baptists of Texas Convention. 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 Zephyr or the Southern Baptists of Texas Convention website or brochures for camp updates and communication.

In case of an accident or illness, I authorize Zephyr'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 Zephyr, its owners, officers, directors, trustees, agents, employees, and/or volunteers, and the Southern Baptists of Texas Convention, its directors, officers, employees, agents, servants and 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 Zephyr, its agents, and employees.

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** \_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Parent or Legal Guardian Signature (if minor) Date

## MEDICAL RELEASE 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.**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_ Sex: (M/F) \_\_\_\_  
           First            Middle            Last                    Mo. Day Year

Church: \_\_\_\_\_ City: \_\_\_\_\_ Dates at Zephyr: \_\_\_\_\_ 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: \_\_\_\_\_
- Joint or Back Problems: \_\_\_\_\_
- Diabetes: \_\_\_\_\_
- Epilepsy: \_\_\_\_\_
- Heart Condition: \_\_\_\_\_
- Seizures: \_\_\_\_\_
- Stomach Condition: \_\_\_\_\_
- Emotional: \_\_\_\_\_

### HEALTH CARE AND CAMP PERMISSION— INITIAL & SIGN THE STATEMENTS BELOW.

\_\_\_\_ I give 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 my part 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 myself or my child/ward, in consultation with the Camp Health Supervisor and/or the medical director's standing orders, to take the following

____ 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 Zephyr Medical Director	

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

I, \_\_\_\_\_ being the legal guardian of \_\_\_\_\_ (if applicable) give my permission to Zephyr Baptist Encampment management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of myself/the named camper. 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 Zephyr sponsored activities.

**X** \_\_\_\_\_



# MEDICATION ADMINISTRATION AUTHORIZATION

**This form is to be completed and submitted UPON ARRIVAL at M3 Week to the Zephyr Medical Staff WITH below described medications.**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

Church Name: \_\_\_\_\_ Church City & State: \_\_\_\_\_

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

**X** \_\_\_\_\_  
Parents/Guardian Signature Date Daytime Phone # Evening Phone #

**OR**

As an Adult Camper/ Sponsor/Staff, I give my permission to the Zephyr Medical Staff to administer as prescribed by law the listed below medication to me during my stay at Zephyr Baptist Encampment.

**X** \_\_\_\_\_  
Adult Camper / Sponsor/Staff Date

**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 a secure location not accessible to campers, (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. Zephyr staff request that you do not send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). These types of medications are provided by Zephyr.

**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 Zephyr.** When the church group arrives at camp, the Contact Person will be responsible for bringing all medications and forms to the Zephyr Office. 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 signed Medication Administration Authorization 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.

# Zephyr

