

Camper's Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Church: MIDWAY CHURCH Camp Name: KIDZ KAMP #3

## Camper Registration Form - 2018

(under 18 years of age)

**I promise to obey the rules and regulations of Riverbend and will cooperate with the leaders and campers**

Check if you do NOT want to be added to Riverbend's newsletter mail-outs.

I am attending with \_\_\_\_\_ Church, City: \_\_\_\_\_ Cabin #: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's/Legal Guardian's Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please do not send your child/youth to camp if they have a fever or illness. The whole camp could be in danger of contracting the illness. **If your child has any significant health issues or newly developed concerns after turning in this form, please bring a report on the day of departure for camp detailing care and/or limitations.**

**Are all immunizations current for your child:**  Yes or  No **If no please specify what is not:** \_\_\_\_\_

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary) \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

If your child has food allergies or special nutritional needs, please go to [bendfoodallergy.org](http://bendfoodallergy.org) and fill out the Food Allergy and Special Dietary Needs form at least two weeks prior to camp dates.

\*All medications must be given to the Camp Health Officer. Place them in a large Ziploc bag with your child's name and church name. Prescriptions must be in the original container with the camper's name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with Camp Health Officer. One (1) will be kept and closely guarded by camper and one (1) given to the Camp Health Officer. Similar special cases must be discussed with Camp Health Officer. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Riverbend's Notice of Privacy Practices uses and disclose health information about my child/youth to the Summer Camp Director, Executive Director, his designee, the child's sponsor and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I give my permission for the Camp Health Officer to give the following over-the-counter medications in accordance with standard label directions: Tylenol Ibuprofen Antihistamine Decongestant Cough Medicine Anti-Nausea Anti-Diarrhea  
 I would prefer my child not be administered the following from the above list: BY CIRCULING THE MEDICATION ABOVE

I hereby authorize the Riverbend Retreat Center staff, Camp Health Officer or Summer Camp Director to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage. If the church your camper attends with has insurance they will be second and Riverbend's will be third and for accidents only – no illness coverage.

Insurance Company: \_\_\_\_\_ in name of: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_ **Please send a copy (front and back) of Insurance Card**

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Medication	Dosage	Frequency / Time(s)	Comments

All medications should be listed whether Over the Counter or Prescriptions. If your child/youth takes it with food or after lunch or needs other special instructions, please note. If your child/youth has difficulty taking medication, please attach a note and tell the Camp Health Officer the best way to get the child/youth to take the medication. Attach separate sheet if additional space is needed.

I understand that medical care is provided by the group my child/youth is attending with and not by Riverbend Retreat Center.

**If parent cannot be reached in an emergency, please contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

I, the undersigned parent or guardian, hereby consent to my child/youth participating in Summer Camp at Riverbend Retreat Center, an event sponsored by \_\_\_\_\_ Church on \_\_\_\_\_ 2018. I certify that my child/youth is able to participate in all activities including but not limited to: Swimming pool activities including slides and diving board, waterfront activities including blobbing, iceberg, space mountain, water zip line, aqua swings, and Wet Willie slide, archery, Archery Tag, Ga-Ga Ball, challenge (ropes) course, zip line, climbing wall and structure, fishing, hiking, paintball, all field sports including, but not limited to softball, baseball, soccer and volleyball. I would prefer my child not participate in the following activities: \_\_\_\_\_.

**RELEASE AND INDEMNITY**

**I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I DO HEREBY INDEMNIFY AND HOLD HARMLESS TARRANT BAPTIST ASSOCIATION AND RIVERBEND RETREAT CENTER, AND THEIR OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, VOLUNTEERS AND REPRESENTATIVES (THE "INDEMNIFIED PARTIES") FROM AND AGAINST ANY AND ALL LIABILITY, DAMAGES, ACTIONS, CAUSE OF ACTION, CLAIMS, LOSSES AND/OR EXPENSES, INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES, COURT COSTS AND EXPENSES, ARISING IN CONNECTION WITH OR BASED ON INJURY TO OR DEATH OF ANY PERSONS OR PROPERTY, INCLUDING THE LOSS OF USE THEREOF, CAUSED IN WHOLE OR IN PART BY ANY MEMBER OF THE GROUP OR THE SUMMER CAMP DIRECTORSHIP, REGARDLESS OF WHETHER OR NOT CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE INDEMNIFIED PARTIES, OR ANY ONE OR MORE OF THEM. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties.**

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I further give permission and consent to Riverbend Retreat Center for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Riverbend Retreat Center with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Riverbend Retreat Center or any of their employees related to any actions of Riverbend Retreat Center taken in accordance with this paragraph. I further agree that I or my child will not use a camera or camera phone to take pictures or videos of any individual including myself in any state of undress.

I agree that venue for any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Somervell County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws.

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. I agree that in any event that I take any legal action against Riverbend Retreat Center, which is decided in favor of Riverbend Retreat Center, I will be responsible for all legal fees, court costs and out-of-pocket expenses of Riverbend Retreat Center, its owners and employees. 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 PARENT AND /OR LEGAL GUARDIAN OF THE MINOR NAMED ABOVE. I AM AUTHORIZED TO SIGN THIS RELEASE BY AND ON BEHALF OF MY CHILD'S CO-PARENT OR CO-GUARDIAN. This is a legally binding agreement, which I have read, understood, and accept.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MIDWAY CHURCH**  
**LIABILITY RELEASE FORM TO PARTICIPATE IN**  
**STUDENT EVENTS**  
Release of All Claims

Student Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade \_\_\_\_\_ Student Cell \_\_\_\_\_

Parent/Guardian 1

Parent/Guardian 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_

Phone Number \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to the activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Pre-existing or present medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

Name and dosage of any medications that must be taken while participating in this activity:

\_\_\_\_\_  
\_\_\_\_\_

Allergies to medications? Yes No If so, what? \_\_\_\_\_

Other allergies? Yes No If so, what? \_\_\_\_\_

Date of last Tetanus shot? \_\_\_\_\_

**MIDWAY CHURCH**  
**LIABILITY RELEASE FORM TO PARTICIPATE IN**  
**STUDENT EVENTS**  
Release of All Claims

In consideration for being accepted by Midway Church (the Church) for participation in Youth Activities for the calendar year of 2018 within the United States we, (I), being 21 years of age or older, do release, forever discharge and agree to hold harmless Midway Church and the officers, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip of activity.

I (We) hereby agree as follows:

1. I assume full legal and financial responsibility for my participation in the activity.
2. I grant the Church, its employees, agents, and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the field trip/activity including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.
3. Accident and health insurance are recommended for my participation in any field trip/activity. I understand that Midway encourages me to have appropriate insurance coverage for the entire time of any field trip/activity.
4. I shall conform to all applicable policies, rules, regulations, and standards of conduct as established by the Church to ensure the best interest, comfort, and welfare of the trip.
5. I voluntarily indemnify and hold harmless the Church, Board, Officers, Employees and volunteers, their respective officers, and agents from any and all liability, loss, personal injury, sickness or death, as well as property damages, costs, or expenses, of any nature (including attorney's fees) whatsoever arising out of my participation in the field trip/activity and which do not arise out of the negligent acts or omission of an officer, employee, and agent of the Church, Board, Officers, employees, and volunteers, while acting within the scope of their employment or duties for the Church.
6. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity/field trip held during the calendar year of 2018, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.
7. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.
8. I understand all reasonable safety precautions will be taken at all times by Midway Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Midway Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.
9. **I give permission for any photographs and/or videos taken of my child to be used in brochures, decorations, or church social media (names are withheld from any publications).**
10. I acknowledge that I have read this document and understand and accept its terms.

\_\_\_\_\_  
Parent /Legal Guardian's Signature

\_\_\_\_\_  
Print Parent/Legal Guardian Name

\_\_\_\_\_  
Student Name

Date \_\_\_\_\_

# Food Allergy & Special Dietary Needs

Thank you for trusting Riverbend with your food safety and dietary choices. We understand the danger of unsafe food and consider it a vital part of our ministry to make sure you eat safe. Please note that if your dietary boundaries are in line with the food we are already serving we may not initiate contact with you. If you do need a personalized menu, you will be contacted no later the 48 hours prior to your arrival. If at any point you have any questions or concerns or would like to get an early jump on preparations, please contact Will at (254) 485-3312 or will@riverbendretreat.org.

After you submit the allergy form the menu for the week of camp you selected will be emailed to you.

**Name of Camp \***

July 29-Aug 2, 2018 Kidz @ Kamp 3 hoste

**List all food allergies or explain special dietary needs: \***

**Arrival Date \***

07/29/2018

**Church Name \***

Midway Church

**Select the severity of the allergic reaction**

- None- it is a lifestyle choice
- Mild- rarely occurs but needs some attention
- Moderate- occurs frequently but is not life threateng
- Severe- when occurs can be life threatening
- Deadly- when occurs is absolutely deadly

**Parent's Name \***

First

Last

**Is Camper aware of his/her allergy? \***

- Yes
- No

**Parent's Phone \***

### ## ##

**Is the camper able to monitor his/her own food requirements? \***

- Yes
- No

**Parent's Email \***

**Is the camper bringing his/her own food? \***

- Yes
- No

**Parent Attending \***

- Yes
- No

**If yes, please list below**

**Camper Name \***

First

Last

**Camper's Gender**

- Male
- Female

**Camper Age \***

A special place is designated in the kitchen for the camper to keep his/her own food.

# SCHEDULE KIDZ AT KAMP 2018

## DAY 1

- 4:00-5:30 Registration open/ Welcome to Camp!
- 5:30 Group Leader Meeting (Activity Center)
- 6:00 Dinner
- 7:15 Celebration (Activity Center)
- 9:00 WOW!
- 11:00 Lights out

## DAYS 2-4

- 7:00 Rise and Shine
- 7:15 Sponsor Mtg. (Activity Center)
- 7:30 Breakfast Green
- 7:40 Breakfast Orange
- 7:45 Breakfast Purple
- 8:30 Quiet Time
- 9:00 Bible Blast – (Activity Center)
- 10:15 Recreation  
(See team rotations at right)
- 11:30 Lunch Purple
- 11:40 Lunch Green
- 11:45 Lunch Orange
- 1:00 Hullabaloo (Activity Center)
- 1:30-5:00 Afternoon Choice  
(See choices at right)
- 6:00 Dinner Orange
- 6:10 Dinner Purple
- 6:15 Dinner Green
- 7:15 Celebration (Activity Center)
- 8:45 See "Night Activities"
- 11:00 Lights Out

## DAY 5

- 7:00 Rise and Shine
- 7:30 Breakfast
- 8:15 Clean up/Load up
- 8:45 Closing Rally (Activity Center)
- 9:15 Clean your assigned area
- 9:45 Head Home

<b>REC</b>	Day 2	Day 3	Day 4
Green	Soccer Field	Softball Field	Activity Center
Orange	Softball Field	Activity Center	Soccer Field
Purple	Activity Center	Soccer Field	Softball Field

<b>Night Activities</b>	Day 2	Day 3	Day 4
Green	Group Time	Group Time	Late Swim
Orange	Group Time	Late Swim	Group Time
Purple	Late Swim	Group Time	Group Time

### Afternoon Choice

- Pool
- Crafts
- Paintball Range
- Archery Tag (5<sup>th</sup>-6<sup>th</sup> grade)
- The Jungle
- Canteen
- GaGa Ball
- 9 Square
- Waterfront
- Zipline
- Archery
- Disc Golf