



**CAMP COPASS, INC.**  
 8200 E. McKinney Street, Denton, TX 76208  
 940-565-0050 (phone) 940-382-9984(fax)  
[www.campcopass.com](http://www.campcopass.com)

**T-Shirt Sizes (circle size)**  
 Youth **S M L XL**  
 Adult **S M L XL XXL XXXL**

**CAMPER AND COUNSELOR REGISTRATION & HEALTH FORM**

Name: \_\_\_\_\_ Date of Camp: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed by End of School Year 2018 \_\_\_\_\_

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

Name of Church Camper is attending Camp with \_\_\_\_\_ City \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Legal Guardian Email: \_\_\_\_\_

Emergency Contact Information Other Than Parent/Legal Guardian:

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

**PARENT/LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY**

**1. ACKNOWLEDGMENT OF INHERENT RISKS**

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for Camp Copass agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the event at Camp Copass.

**2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITIES**

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

**3. LIMITATIONS ON INSURANCE COVERAGE**

I understand that my family/personal health and accident insurance will be the primary coverage.

**4. RELEASE AND HOLD HARMLESS AGREEMENT**

I agree to release and hold harmless Camp Copass, Inc., and its board members, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Camp Copass.

**5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby authorize any medical and/or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstance require. I further authorize Camp Copass health staff to render first-aid and to oversee the administration of medications as prescribed along with the dosage details by parent or guardian on the *Dosage & Frequency Chart*.

**6. NON PRESCRIPTION MEDICATIONS**

I give my permission to the camp's First Aid Station supervisor, or First Aid Station staff, to administer non-prescription, over-the-counter medications to my child based on symptoms (not a diagnosis). For example, but not limited to, Tylenol or Ibuprofen for mild fever or pain; Benadryl or Claritin for allergy symptoms; Pepto-Bismol for diarrhea; cortisone cream for bug bites; calamine lotion for poison ivy; swim ear drops for swimmer's ear, etc.

**7. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES**

I agree that I am financially responsible for any damage to camp property caused by my child.

**8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS**

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

**9. USE OF CHILD'S PHOTOGRAPH FOR PROMOTIONAL PURPOSES**

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Camp Copass.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.

\_\_\_\_\_  
**PARENT/GUARDIAN'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

Name \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian 2

Name \_\_\_\_\_

Cell \_\_\_\_\_

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 \_\_\_\_\_

# Camp Rules

Camp Copass is a Christian camp and all rules are in place to govern our conduct which should reflect Christ. The leadership of Camp Copass urges you to become familiar with and abide by these rules. By respecting these guidelines and assisting in the enforcement of them you will assist in making everyone's camp experience enjoyable and Christ-centered. Your example in following these rules will also serve as an example to those around you (1Timothy 4:12; Titus 2:7).

- **Respect** all camp properties. We ask you to assist in keeping the grounds clean of trash. Cans are provided throughout the camp to dispose of debris.
- **Illegal drugs, alcohol, any form of tobacco, fireworks, firearms, knives, or weapons of any kind are not allowed. Immediate removal from the camp grounds will occur.**
- **Students should not be in possession of mp3 players, electronic games, cell phones, walkie-talkies, or any kind of electronic devices.** Scooters and bicycles are not allowed. Skateboards, rollerblades/skates may only be used in the designated area and helmets are required.
- **Camp attire for campers & counselors:** Shorts are permitted but may be no higher than 5" above the knee. For very tall girls mid-thigh is acceptable. Sleeveless shirts may be worn if they are squared at the shoulders with a 3 finger width spread. No spaghetti straps or midriff revealing garments will be allowed. No muscle shirts or body shirts that are open at the armpits are allowed for boys. Clothing advertising alcohol or tobacco products or of a suggestive nature may not be worn. Closed toe shoes are safest and are required for the ropes course.
- **Swimwear:** Girl's swimwear must be one-piece (tankinis are permitted as long as the entire midriff is covered) and modest or a dark colored t-shirt must be worn over it. Boys are to wear modest trunk-style swim suits and a t-shirt must be worn to and from the pool. The lifeguard may eject anyone wearing inappropriate attire. Swim shoes or flip-flops are recommended for swim times.
- **Attendance** is required by students at all scheduled sessions and activities unless they are ill or are accompanied by a sponsor.
- **Vehicle usage is not permitted** by students during the week of camp. For safety purposes we ask that counselors refrain from using their vehicles to transport students around the camp grounds.
- **No public or private displays of affection will be tolerated.**
- **Unauthorized use of the ropes course is not permitted.** Only trained staff may operate the ropes equipment. Please make prior arrangements if you desire to use the ropes course.
- **Meals must be taken in the dining hall** without prior approval from the camp manager. Please pay for any visitors that may be dining with us. Special dietary needs should be made known to the Food Service Director at least one week prior to arrival.
- **Students may not leave the camp without notifying the acting camp director.**
- **Expenses incurred from lost or damaged recreational equipment will be billed to the responsible party.**
- **No swimming is allowed in the lake.** Keep a safe distance away from the water unless accompanied by a waterfront instructor.
- **Shaving cream fights, water fights, etc. must be pre-approved by the camp manager.** Any expense incurred as result of damage to camp property as a result of such activities will be passed along to the responsible parties.
- **Nametags** must be worn by students and counselors at all times for identification purposes in the event of an emergency.



# What to Bring to Camp

