



# CROWDERS RIDGE

CAMP + RETREAT CENTER

**JUNE 19-23, 2017**

**GASTONIA, NC**

FOR FAMILY DISCOUNT OR  
SCHOLARSHIP INFORMATION,  
E-MAIL JULIE AT  
JSUMMERVILLE@FCCLIFE.ORG

## **REGISTRATION INFORMATION**





# CROWDERS RIDGE

## CAMP + RETREAT CENTER Waiver of Liability and Medical Release

**Participant's Name:** \_\_\_\_\_ **Group Name (if applicable):** \_\_\_\_\_  
**Camp Date:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_ **(Print)**

**Program 1:** Regular Camp and Retreats/Conferences. All participants remain in local area.

**Program 2:** Missions Camp. This is a combination of summer camp and community service projects. Projects include, but are not limited to repair of houses and activity with risk.

**Program 3:** Outdoor University is predominantly camp for younger kids. These sessions includes, but are not limited to, hiking, swimming, games, teaching session and will remain in local area.

Crowders Ridge/Now Outreach. will be here and after referred to as "CR."

1. Medical Attention: I understand that medical attention cannot be immediate in all circumstances. Medical attention will be dependent upon the time needed to remove the person from the program activity area such as a trail or a remote area.
2. Injury to Persons or Property. Responsible party agrees that CR shall not be liable to Responsible party or any other person for any injury occurring in, on, or around the Premises of other locations including, without implied limitation, attorney's fees and/or cost of defending any action.
3. I/We hereby release CR, its employees, officers, directors, CR staff and any individual associated with CR from any and all liability, including all expenses of litigation, which might arise from or be a result of my/our child's participation in the use of the Premises and other locations. I/We further agree to fully indemnify, and hold harmless, any individual or entity herein named from any liability from my/our participation in the use of the premises and other locations and that I/We hereby WAIVE and RELEASE the parties herein named from any and all liability arising as a result or from my/our participation in the use of the Premises and other locations.
4. My signature authorizes CR staff to act for me according to their best judgment in any emergency requiring medical attention. The participant may be transported by CR personnel to medical facilities. I hereby waive and release CR from any and all liability for any injuries or illnesses incurred while on the property or while being transported by staff for medical attention. I understand that participation in activities involves motion, rotation and height in a unique environment and as such, carries with it the risk of injury or death. If the participant does not have insurance, the participant or participant's family assumes liability. All medical expenses incurred will be the responsibility of the participant or participant's family. I have no knowledge of any physical or mental impairment that would be affected by the named participant's participation in the program as outlined on the website. CR is not responsible for the personal items that are lost, stolen, or damaged. I also understand CR retains the right to use any photographs, videotapes, motion picture recordings or any other record of this event for publicity, advertising or for any legitimate purpose.
5. I hereby authorize the physician(s) and staff of any Medical facility to provide such hospital care that includes diagnostic procedures and medical treatment as necessary for the participant while enrolled in the program of CR. Said medical treatment may be given without any further permission from the undersigned. I also authorize payment of medical benefits for any services furnished to the participant by physicians or staff at the above facilities. I authorize you to release to my insurance company information concerning the health care provided to the participant while attending CR. In the event of any injury or illness requiring transportation to an independent medical facility, I authorize the release of all medical records generated at the facility to the medical staff at CR. I understand this will enable a continuity of care upon the participant's return to CR and will provide staff a means of informing family members of the participant's medical condition. Such records will remain a confidential part of the participant's general record.

X \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_  
**PRINT Name of Participant** **SIGNATURE of Participant (if 18 years or older)**

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION).**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above. **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.**

X \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_  
**PRINT Name of Parent/Guardian** **SIGNATURE of Parent/Guardian**

Medical information must be completed on the back.



# CROWDERS RIDGE

CAMP + RETREAT CENTER

## Medical Information Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ D/O/B: \_\_\_\_\_ Sex: M F Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

1<sup>st</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 2<sup>nd</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### INSURANCE INFORMATION:

\_\_\_ Check here if participant does not have insurance.  
 Insurance Company: \_\_\_\_\_ Family Physician: \_\_\_\_\_  
 Insurance Company Address: \_\_\_\_\_  
 Subscriber Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Subscriber #: \_\_\_\_\_  
 Subscriber D/O/B: \_\_\_\_\_ Subscriber S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Subscriber Phone #: (\_\_\_\_) \_\_\_\_\_  
 Subscriber's Address (if different from above): \_\_\_\_\_

### MEDICAL HISTORY

\*\* Any applicants who have been exposed to any communicable disease(s) within 14 days prior to their stay will be unable to attend. \*\*

- Any operations, illness, or injuries in the last year?: \_\_\_\_\_
- Date of last Tetanus shot: \_\_\_\_\_ Date of last DPT or DT booster: \_\_\_\_\_
- Does participant have any physical or mental problems that Crowders Ridge should be aware of?  
 (For example: asthma, allergies, diabetes, depression, seizures, eating disorder, etc.)  
 Check One: \_\_\_ NO \_\_\_ YES If YES, please explain: \_\_\_\_\_
- Please indicate any allergies participant has:  
 Bee Sting Penicillin Hay Fever Poison Ivy/Oak Bacitracin Sumac Antihistamine Other
- Circle the medications that Crowders Ridge may administer:  
 Tylenol Ibuprofen Antihistamine Tums Swimmer's Ear Epipen Other \_\_\_\_\_

### FOOD ALLERGIES

Please list any food allergies below: \_\_\_\_\_

Note: Please tell your group leader to add you to the Food Allergies list and submit it by the due date.

Legible written physician's directions should accompany any prescription medication that is brought to camp. Include medication type, dosage, frequency, condition being treated, physician's signature, and DEA number. For the safety of all participants, medication administered to attendees is the responsibility of that individual attendee or groups' chaperones'. For minors, it is the responsibility of the parent or guardian to make these arrangements.

PLEASE ATTACH ANY ADDITIONAL MEDICAL CONCERNS

## Student Ministry Release Form

Release of All Liability Claims

This form allows your son or daughter to attend any youth activity for the year 2017

Please note this form does not sign your student up for the event, just gives the permission to participate.

### In all activities for 2017

In consideration for being accepted by Fellowship Community Church for participation in the above activity, we (I) being 21 years of age or older, do for ourselves (myself), and on behalf of my child-participant if said child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless Fellowship Community Church and the directors thereof from any liability, claims or demands for personal injury, sickness, or death, as well as, property damage and expenses, 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 or activity.

Furthermore, we (I), and on behalf of our(my) child-participant if under the age of 21 years of age, assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years:

We (I) are the parent(s) or legal guardian(s) of the participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, we (I) hereby assume all transportation costs.

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Print Parent/Legal Guardian(s) Name

\_\_\_\_\_  
Policy No.

\_\_\_\_\_  
Emergency Telephone No.

\_\_\_\_\_  
Physician's Name/Telephone No.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Today's Date



# Food Allergy Roster

Group Name:

Contact Name:

Phone:

Name	Allergy/Notes

# MEDICATIONS

**NAME**

**MEDICATION/DIRECTIONS**

## Crowders Ridge

### **What To Bring:**

- **Clothes**
- **Toiletries**
- **Towels (for bathing and swimming)**
- **Sleeping Bag or Twin Size Sheets**
- **Pillow**
- **Swimsuit (Girls: No bikini swim suits *tankinis* are allowed as long as the midriff is fully covered. Guys: No speedo swimsuits)**
- **Tennis Shoes**
- **Sunscreen**
- **Bug Spray**
- **Bible**

***We highly recommend duffle bags over suitcases so that they can easily be stored under the bunk beds!***

**SUMMER CAMP JUNE 19th-23th, 2017 at  
CROWDERS RIDGE (GASTONIA, NC)  
PRE-REGISTRATION**

NAME: \_\_\_\_\_  
GRADE: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

***Return this card with your \$50 deposit no later than  
February 26th to hold your space! Cost is \$300.***





# Summer Camp Payment Plan Schedule

**Total Cost: \$300.00**

**LOCATION: Crowders Ridge, Gastonia, NC DATE: June 19-23, 2017**

**\$50 Deposit Due: February 26, 2017**

**\$50 Due: March 19, 2017**

**\$50 Due: April 9, 2017**

**\$50 Due: April 30, 2017**

**\$50 Due: May 14, 2017**

**\$50 Due: June 4, 2017**

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