

I would like to be in a group with _____
(Child of Same Gender and Grade)

T-Shirt Size:
Youth : M or L
Adult: S, M, L, XL,
XXL, XXXL

For Office Use Only
Name _____
Paid \$ _____ Date _____
Paid In full- Date _____
Completed Forms _____

Camper Registration/Consent and Release Medication Instructions/Dosage Chart

(under 18 years of age)

I promise to obey the rules and regulations of Riverbend and will cooperate with the leaders and campers
___Ck if you do NOT want to be added to Riverbend’s newsletter mail-outs.

I am attending with _____ Church, City _____

Camper’s Name _____

Address _____ City _____ ST _____ Zip _____

Birthdate ____/____/____ Grade Completed _____ Gender: Male _____ Female _____

Parent’s/Legal Guardian’s Name: _____

Home Phone (____) _____ Work Phone (____) _____ Email _____

Physician Name: _____ Ph #: _____

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.**

IMMUNIZATIONS: DATES ARE REQUIRED

Polio(Date)____ DPT(Date)____ Measles(Date)____ Mumps(Date)____ Rubella(Date)____ Tetanus (Date) _____

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 complete Appendix 19 and fax to 254.897.3960, then contact the Food Service Director (Zak Bass, 888.269.2363) 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 group leader, 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 Permission for the Camp Health Officer to give the over-the-counter medications I have circled in accordance with standard label directions: Tylenol Ibuprofen Antihistamine Decongestant
Cough Medicine Anti-Nausea Anti-Diarrhea

I hereby authorize the Riverbend Retreat Center staff, Camp Health Officer or Group Leadership to make emergency medical decisions for my child/youth and I understand that my insurance coverage will be primary coverage.

Name of Insurance Company: _____ Address _____ Phone # _____

Insurance in name of: _____ Insurance Policy # _____ Insured’s S.S. _____

Last Name : _____ , First Name: _____
Church/Group _____

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.

If Parents can not be reached in an emergency, please contact:

Name: _____ Phone # _____ Relationship _____

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 North Richland Hills Baptist Church on June 22 -26, 2009 . 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, challenge (ropes) course, zipline, fishing, hiking, paintball, all field sports including, but not limited to softball, baseball, soccer and volleyball.If there are any activities I do not want my child to be involved in, I have them listed here:

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

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 North Richland Hills Baptist Church 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 attorneys 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 Group Leadership, 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 and North Richland Hills Baptist Church 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 North Richland Hills Baptist Church of their employees related to any actions of Riverbend Retreat Center or North Richland Hills Baptist Church taken in accordance with this paragraph.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, not with standing, continue in full legal force and effect. This release contains the entire agreement between the parties here to and the terms of this release are contractual and not a mere recital.This Release shall remain in force until revoked. I agree to inform NRHBC immediately in writing if any information provided herein changes. 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.

Signature of parent or legal guardian _____ Date _____

Camper's Signature _____ Date _____

FOOD ALLERGY & SPECIAL DIETARY NEED

Please Use Separate Page for Each Person

Fax Completed Form to 254.897.3960 Two Weeks Prior to Arrival

Name of Camp: _____

Dates: _____

Camper Name: _____ Age: _____

Church: _____

Parents Name: _____

Phone #: _____

Is parent attending camp with child? _____,

If not, please list name of adult sponsor

List allergies or explain special dietary needs:

Is camper aware of his/her allergies? _____

Is camper able to monitor his/her own food requirements? _____

Is child bringing some of his/her own food? _____ if so please list below:

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

Riverbend understands about cross contamination and will make every effort to prevent any problems. We will strive to work with child and parents to make their week a great dining experience. Please feel free to call Zak Bass, Food Service Director, to discuss any needs or questions you may have. He can be reached at 888.269.2363 ext. 17 or zak@riverbendretreat.org.



Hillside Children's Ministry Event Participation Form

Child's Name: _____

Address: _____ City, Zip: _____

Home Phone: _____ Cell Phone: _____

Parent Name: _____ Email: _____

Release Form for Minor

The undersigned is the parent or legal guardian of the minor named above. The undersigned desires for said Minor to attend and/or participate in ministries, events, programs, functions and activities (hereinafter referred to as "Activity") sponsored by, connected with, or related to Hillside Community Church, a Texas not-for profit organization (Church).

I understand and acknowledge that the Church will not allow the minor to participate in any Church Activity without releasing and holding the Church harmless from any liability arising out of the Minors' attendance and/or participation in that Activity, including the Minor's transportation to and from the Activity, if provided by the Church. I have or will investigate all risks involved with the Minor's attendance and/or participation in any Activity, and further as the parent or legal guardian of said Minor, assume any and all risks of personal or bodily injury to said Minor or property damages associated with said Activity.

By signing this document, on behalf of myself and the Minor, I hereby release and forever discharge the Church, its officers, directors and employees, agents and any parties volunteering on behalf of the Church from all claims, damages, costs or expenses of any kind arising out of or related to the Minor's attendance or participation in any Church Activity. I understand that this document is a full complete Release of all claims for personal or bodily injury and property damage which the Minor might sustain as the results of the Minor's attendance and/or participation in any Church activities, regardless or the specific cause thereof, and I further understand that in the event of such personal or bodily injury to the Minor, or property damage, that I cannot seek, on behalf of the Minor or myself, any type of recovery or reimbursement whatsoever from the Church or their officers, directors, employees, agents or any parties volunteering on behalf of the Church.

Print Name of Parent or Legal Guardian

Signature

Date