

# CAMP GRACE REGISTRATION FORM

<p><b>BY PHONE</b> 760.447.2552</p> <p><b>BY E-MAIL</b> Christina@campgrace.org</p> <p><b>ON THE WEB</b> www.campgrace.org</p>	<p><b>BY MAIL</b> Send this form with \$25 non-refundable, limited transferable registration fee to</p> <p><b>CAMP GRACE</b> PO Box 764 Wheatland, WY 82201</p>
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**Camper Information**

Name \_\_\_\_\_  
First Last

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_     Male     Female    Grade \_\_\_\_\_  
Next Sept.

Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

E-mail \_\_\_\_\_

Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_  
 Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Home Church/City \_\_\_\_\_

Cabin Mate Request \_\_\_\_\_

**Parent/Guardian Information**

*For campers under the age of 18*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Phone Contacts**

Primary ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary ( \_\_\_\_\_ ) \_\_\_\_\_

<b>Office Use Only</b>	Registered <input type="checkbox"/>	Signatures <input type="checkbox"/>
	Contact Info <input type="checkbox"/>	Finances <input type="checkbox"/>
	Camper Details <input type="checkbox"/>	Receipt <input type="checkbox"/>
	RTM	Date

**Camp and Payment Information**

Camp Name/Code:	<b>Payment Type</b>
Camp Date:	
Cost of Camp: _____ x _____ = \$ _____ <small>How many x cost</small>	
Discount Code: _____ - \$ _____	
Total: _____ \$ _____	
Amount Enclosed <small>Registration fee is required</small>	<input type="checkbox"/> Check
	<input type="checkbox"/> Cash

**Other Family Members Registering**

*(only for children attending with parents)*

#1 Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_     Boy     Girl

#2 Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_     Boy     Girl

#3 Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_     Boy     Girl

#4 Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_     Boy     Girl

# PARTICIPATION, RELEASE, AND MEDICAL AGREEMENT

While we make every effort to provide a safe and pleasant environment for every camper who attends Camp Grace, we do require that this participation agreement be read, filled out, signed, and dated by all campers (or their parent/guardian if under the age of 18) who wish to participate in activities at Camp Grace.

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself, my spouse, or my child while participating in Camp Grace activities. I give permission for my child to participate in activities that occur at Camp Grace. These activities may include, but are not limited to, high ropes course, archery, riflery, paintball, rock-climbing, activities at the Laramie River, slingshots, hiking, campfire activities, and strenuous competition games.

Although Camp Grace has taken reasonable steps to provide equipment and skilled employees so yourself, your spouse, or your child can participate in activities for which he/she may not be skilled in, we do remind you that these activities are not without risk. Certain risks cannot be eliminated due to our camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Camp Grace reserves the right to use any audio, video, and/or photography of guests or campers participating at Camp Grace facilities.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Camp Grace, its officers, board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Camp Grace. This release does not apply to intentional and/or willful acts of misconduct by Camp Grace or any of its officers, board, agents or employees.

Should Camp Grace, or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Camp Grace harmless for all such fees and cost.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Camp Grace on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound to its terms.

## MEDICAL INFORMATION

Health or Behavioral Conditions: \_\_\_\_\_

\_\_\_\_\_

Drug Allergies or Other Allergic Reactions: \_\_\_\_\_

Dietary Needs/Restrictions: \_\_\_\_\_

Medication Taken Regularly: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

*I give permission for myself or my child to attend camp at Camp Grace. I understand that my personal insurance will provide primary coverage for medical aid and that Ironwood will provide excess coverage. I also understand that if myself or my child must be sent home because of disciplinary or other problems, I will assume the additional transportation cost. IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the camp director or his agent to hospitalize, secure proper treatment for, and order injection, x-ray, anesthesia, or surgery for myself or my child as named previously.*

*Myself or my child is immunized against the following according to H.E.W. standards: Polio, Measles, Mumps, Rubella, Diphtheria, Tetanus, and Whooping Cough. (Please notify the camp if this child has been exposed to any communicable disease during the two weeks prior to camp attendance.)*

*Myself or my child is not immunized.*

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

*Myself or my child is not covered by insurance.* Date of Last Tetanus Shot \_\_\_\_\_

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

*Parent/Guardian signature required for those under age 18*