



45800 Calvin Crest Road, Oakhurst, CA 93644 phone: (559) 683-4450 fax: (559) 683-7118

Office Use Only	O	M	Entered

2017 Youth Winter Camp Registration Form

Name _____ Male Female

Address _____

City _____ State _____ Zip _____

Birth day _____ Age _____ Grade _____

Church Name _____ City _____

Parent/Guardian 1 _____ Relationship _____

Primary Phone _____ Secondary Phone _____

E-mail _____

Parent/Guardian 2 _____ Relationship _____

Primary Phone _____ Secondary Phone _____

E-mail _____

Authorized Pick Up (other than parent/guardian) _____

(Name of Authorized Pick Up must be listed to check out your camper if other than a parent/guardian.)

Relationship to Camper _____

Primary Phone _____ Secondary Phone _____

Emergency Contact (other than parent/guardian) _____

Relationship to Camper _____

Primary Phone _____ Secondary Phone _____

Legally Restricted From Seeing Camper Case# _____

Name _____ Relationship _____

*PLEASE READ AND SIGN BACK OF FORM

Camper's Health Information

Please attach a note with any special concerns. Please notify camp if your camper is exposed to any communicable disease during the two weeks prior to camp.

Dietary Needs: Y N

If yes, list and complete back of form: _____

We can accommodate most vegan, vegetarian, gluten free, and/or dairy free diets.

Food/Drug/Other Allergies: Y N

If yes, list and complete back of form: _____

Medical Concerns/Activity Restrictions: Y N

If yes, explain: _____

Regular Medications: Y N

All prescription and non-prescription medications must be turned into the camp medic at check-in. Prescription medications must be in the original prescription package and clearly labeled with the camper's name and dosage by the pharmacy. Non-prescription medications, including vitamins, must be in their original packaging and must be labeled with the camper's name.

Are all immunizations up to date? Y N Date of last Tetanus/Tdap ___/___/___

Do you give Calvin Crest permission to give your camper the recommended dose of

Tylenol, Ibuprofen, Benadryl or other OTC medication as necessary? Y N

Medical Insurance Company Name: _____

Policy # _____

Cabinmate Request

Cabinmates may be requested. We will make every effort to honor these requests, but cannot guarantee that camper will be placed with requested cabinmates.

First Cabinmate _____

Second Cabinmate _____

Cancellation Policy

In the event of a cancellation, a \$30 non-refundable deposit (included in the camp fee) will be retained. Refunds are not guaranteed for any cancellation made within two weeks prior to camp. Please call our office with concerns.

2017 Sessions

Check the session(s) you are attending

Rates are per person. A \$30 non-refundable deposit is included in tuition.

Middle School (6th-8th grade)

January 27-29, 2017

Camp Tuition \$115

Group Rate \$99

(A minimum of 1 counselor and 7 campers are required to qualify for group rate)

High School (9th-12th grade)

February 10-12, 2017

Camp Tuition \$115

Group Rate \$99

(A minimum of 1 counselor and 7 campers are required to qualify for group rate)

Counselor (Age Requirements Below)

(Ratio: 1 Counselor to 7 Campers)

Middle School (16 yrs+) \$40

High School (19 yrs+) \$40

Payment Information

A \$30 non-refundable deposit is required with camp registration.

Please enclose **check** or **credit card** information
We accept Visa, Mastercard and Discover

Indicate Payment Amount

\$30 Non Refundable Deposit

Pay in Full Other _____

Name _____

Card # _____

Exp Date month _____ year _____

Billing Address _____

Cardholder Signature _____

Authorized Pick-Up

To ensure the safety and security of our campers in compliance with California Penal Code - Section 277-280, all persons checking out a camper must be a listed Authorized Pick-Up on the camper's Registration Form and must present current Photo ID.

More information including packing list, weather report, and weekend highlights can be found on our website: www.calvincrest.com

THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS. Calvin Crest Conferences (hereinafter, "Calvin Crest"), offers an array of camp and conference services, and facilities. While Calvin Crest strives to operate safe programs and facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural and rustic setting of Calvin Crest. By signing below, I attest that I have fully disclosed all known health conditions that may affect Participant's participation in the Calvin Crest camp or conference. Further, I acknowledge that Participant is in good physical condition, on the basis of physician's examination, within six months of the scheduled conference or camp. I acknowledge that Calvin Crest shall not be responsible for personal belongings or money that is lost or stolen during a camp or conference. In the event of medical emergency, I hereby give permission to Calvin Crest (and physicians/nurses/staff/volunteers selected by Calvin Crest) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and or camp activities, both on and off Calvin Crest grounds, except as otherwise noted on the conference or camp application. I also give Calvin Crest permission to use Participant's photo or video recording in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Calvin Crest, or on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Calvin Crest, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I hold a legal guardianship or conservatorship.** FUTUREMORE, I HEREBY RELEASE CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM NEGLIGENT ACTS OR FAILURES TO ACT BY CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS. The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.

Parent or Guardian Signature _____ **Date** _____

Please Print Name

Dietary Needs/Food Allergies:

PLEASE NOTE: Calvin Crest is able to accommodate most food allergies, dietary needs, and food restrictions including but not limited to: peanut/nut allergies, vegetarian diets, lactose intolerances, and gluten intolerances. For vegan diets or dietary needs due to a medical condition, such as Celiac Disease, please contact our Director of Food Services, Tim Simms, by phone at (559) 683-4450 ext. 224 or email tim@calvincrest.com. Our Director of Food Services must be notified of your needs no later than two weeks before your arrival in order to make proper adjustments to our menu.

Please list in detail any food allergies and/or dietary needs DUE TO A MEDICAL CONDITION. Include reaction and necessary precautions that should be taken: _____

Please list any NON-ALLERGY and/or NON-MEDICAL food restrictions. Include food substitutes that can be considered:

