



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

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| Office Use Only | <input type="radio"/> | Entered |
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2018 Youth Winter Camp Registration Form

Name _____ Male Female
 Address _____
 City _____ State _____ Zip _____
 Birthday _____ 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 _____

*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.

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 # _____

2018 Sessions

Check the session(s) you are attending
Rates are per person. A \$50 (camper) and \$25 (cabin leader) non-refundable deposit is included in tuition.

Middle School (6th-8th grade)

January 26-28, 2018

- Camp Tuition \$120
- Group Rate \$105

High School Session 1 (9th-12th grade)

February 9-11, 2018

- Camp Tuition \$120
- Group Rate \$105

High School Session 2 (9th-12th grade)

February 23-25, 2018

- Camp Tuition \$120
- Group Rate \$105

Cabin Leader (Age Requirements Below)

(Ratio: 1 Cabin Leader to 7 Campers)

- Middle School (16 yrs+) \$45
- High School S1 (19 yrs+) \$45
- High School S2 (19 yrs+) \$45

NEW This Year – FREE T-SHIRT

included with registration

Please indicate adult t-shirt size.

- S M L XL XXL

Qualifications for Group Rate

To qualify for our \$105 per person church group camper rate, church groups must provide a same-gender cabin leader for each cabin needed to house your youth group. Cabins can house 8-10 participants. Group size alone is not a qualification for church group rate.

For campers attending without a church group or with a church group not able to provide a same gender cabin leader, the rate is \$120 per person. Calvin Crest will provide a cabin leader for those campers, and campers attending without a cabin leader will be bunked together. Please note that registration spots are limited for campers attending without a cabin leader.

Cancellation Policy

Cancellations made earlier than two weeks before the start of camp will be issued a refund for all but their \$50 non-refundable deposit. Cancellations made within two weeks of the start of camp cannot be guaranteed a full refund. Please call our office with concerns.

Cabinmate Request

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

First Cabinmate

Second Cabinmate

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. 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 acknowledge that Calvin Crest shall not be responsible for personal belongings or money that is lost or stolen during a camp or conference. 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. FURTHERMORE, 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 (or self if over 18) _____

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:

To register online or for more information including packing list, weather report, and weekend highlights please visit our website:
www.calvincrest.com