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2018 Family Camp Registration and Medical Form

Family Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Church Name (if applicable) _____ City _____

Emergency Contact and Relationship _____

Primary Phone _____ Secondary Phone _____

Will you be bringing your own Child Care Assistant (CCA)?* Yes No

CCA's Name(s) _____

**If yes, Calvin Crest must receive a completed CCA Application and Registration form for this CCA*

If you would like to request a CCA, please list their name _____

We will do our best to accommodate your request.

**Family Camp Check-In:
Sunday, 2-5pm**

**Family Camp Check-Out:
Saturday, 9-10am**

Important Information including:
Packing List
Summer Theme
Camp Speaker
Theme Nights
Camp Store
Lodging Descriptions
 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. 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/GUARDIAN SIGNATURE _____ DATE _____

PRINT NAME _____

2018 Family Camp Schedule

Please select session.

June 24 - 30, 2018 (FC1)

July 1 - 7, 2018 (FC2)

Camp Tuition

Program and meal rates per person. Indicate in the space provided the number of family members you are registering per age category.

_____ Adult age 13+: \$295 (\$270*)

_____ Child age 4-12: \$195 (\$170*)

_____ Child age 0-3: FREE OF CHARGE

*Early Bird is \$25 off tuition per person for registrations and non-refundable deposits received before March 31, 2018.

Weekly Lodging Rates per family:

Choose one per family.

Westview (Rustic): \$200

Mountain View (Premium): \$600

Cedar Lodge (Deluxe): \$800

Does your family require a handicap accessible bathroom? Yes No

Total Tuition: \$ _____

Total tuition is per person camp tuition plus weekly lodging rate.

Non-Refundable Deposit: \$ _____

A \$125 per person (age 4+ only) non-refundable deposit is included in the tuition and is due with registration.

Payment Information

Please include check made payable to "Calvin Crest Conferences" or credit card information. We accept Visa, MasterCard and Discover.

Indicate Amount to Charge \$ _____

Name _____

Card # _____

Exp Date month _____ year _____

Billing Address _____

Cardholder Signature _____

**Final Payment is Due:
June 11, 2018**

Cancellation Policy: In the event of a cancellation, a \$125 per person non-refundable deposit (include in the camp fee) will be retained. Refunds are not guaranteed for any cancellation made within two weeks prior to camp.

Family Medical Information

Camper Name: _____ Male Female
Birth Date: _____ Grade in Fall 2018 (if applicable): _____
Food/Drug/Other **Allergies:** Y N If yes, please list and **describe reaction:** _____

Dietary Needs: Y N If yes, please list:
Calvin Crest can accommodate most vegan, vegetarian, gluten free and/or dairy free diets.

Medical Concerns/Activity Restrictions: Y N If yes, please explain:

Regular Medications: Y N If yes, please list:
Attach a separate page if more space is needed. All prescription and non-prescription medications, including vitamins, are kept with you. You are responsible for dispensing your own medication. A registered nurse is available for administering basic first aid.

Are all immunizations up to date? Y N Date of last Tetnus/Tdap: _____
Do you give Calvin Crest permission to give the recommended dose of OTC medications as necessary? Y N
Medical Insurance Company: _____ Policy #: _____

Camper Name: _____ Male Female
Birth Date: _____ Grade in Fall 2018 (if applicable): _____
Food/Drug/Other **Allergies:** Y N If yes, please list and **describe reaction:** _____

Dietary Needs: Y N If yes, please list:
Calvin Crest can accommodate most vegan, vegetarian, gluten free and/or dairy free diets.

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Do you give Calvin Crest permission to give the recommended dose of OTC medications as necessary? Y N
Medical Insurance Company: _____ Policy #: _____

Camper Name: _____ Male Female
Birth Date: _____ Grade in Fall 2018 (if applicable): _____
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Dietary Needs: Y N If yes, please list:
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Medical Concerns/Activity Restrictions: Y N If yes, please explain:

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Do you give Calvin Crest permission to give the recommended dose of OTC medications as necessary? Y N
Medical Insurance Company: _____ Policy #: _____

Family Medical Information (please duplicate this page for more family members)

Camper Name: _____ Male Female
Birth Date: _____ Grade in Fall 2018 (if applicable): _____
Food/Drug/Other **Allergies:** Y N If yes, please list and **describe reaction:**

Dietary Needs: Y N If yes, please list:
Calvin Crest can accommodate most vegan, vegetarian, gluten free and/or dairy free diets.

Medical Concerns/Activity Restrictions: Y N If yes, please explain:

Regular Medications: Y N If yes, please list:
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Do you give Calvin Crest permission to give the recommended dose of OTC medications as necessary? Y N
Medical Insurance Company: _____ Policy #: _____

Camper Name: _____ Male Female
Birth Date: _____ Grade in Fall 2018 (if applicable): _____
Food/Drug/Other **Allergies:** Y N If yes, please list and **describe reaction:**

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Medical Concerns/Activity Restrictions: Y N If yes, please explain:

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Do you give Calvin Crest permission to give the recommended dose of OTC medications as necessary? Y N
Medical Insurance Company: _____ Policy #: _____

Camper Name: _____ Male Female
Birth Date: _____ Grade in Fall 2018 (if applicable): _____
Food/Drug/Other **Allergies:** Y N If yes, please list and **describe reaction:**

Dietary Needs: Y N If yes, please list:
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