



2019 Summer Registration/Medical Form

O	M	data entry date

Camper Name _____ Male Female

Address _____

City _____ State _____ Zip _____

Birthday _____ Grade in Fall 2019 _____

Church Name (if applicable) _____ City _____

Is your church group providing a Cabin Leader? Yes No

If yes, please write the Cabin Leader's name: _____

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 guardian) _____

Relationship to Camper _____

Primary Phone _____ Secondary Phone _____

*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.

Legally Restricted From Seeing Camper Case# _____

Name _____ Relationship _____

Important Information including: Packing List, Camp Store, Care Packages, Sending Mail, Summer Theme, and Camp Speakers can be found on our website at 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 NEGLIGENCE 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 _____

2019 Schedule

Please select session(s)

Rates are per camper and include a camp photo. A \$125.00 non-refundable deposit is included in the tuition.

Sherwood Forest \$425
(3rd – 5th grade)

July 7 – 13 Code: SF2

July 14 – 20 Code: SF3

Middle School \$475
(6th – 8th grade)

July 7 – 13 Code: MS2

July 14 – 20 Code: MS3

High School \$475
(9th – 12th grade)

July 21 – 27 Code: HS4

Outdoor Adventure (MS) \$475
(6th – 8th grade)

July 21 – 27 Code: OA4

Outdoor Adventure (HS) \$475
(9th – 12th grade)

July 28 – August 3 Code: OA5

Assistants in Mission(AIM) \$475
(10th – 13th grade, 2 Week Program)

*Additional application form required.

July 7 – 20 Code: AIM2

Child Care Ass't (CCA) No Fee

Must be age 14 or older to apply.

*Additional application form required.

June 30 – July 6 Code: CCA1

Cabin Leader No Fee

Must be **16+ years** to lead 3rd – 8th grades

Must be **19+ years** to lead 9th – 12th grades

*Additional application form required.

Check desired session(s).

SF2 MS3 HS4

SF3 OA4 OA5

WF5 (Week in the Forest Jul 29 - Aug 4)

Early Bird Discount: \$25 off for campers who register and pay a non-refundable deposit (\$125) by March 31, 2019.

Church Discount: We offer reduced tuition for churches sending cabin leaders with their campers. Please call our office for more information.

Partial Camperships are available!
Please visit our website www.calvincrest.com or call our office for more information.

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 _____

Health Information

The health and safety of each camper is important to us. This essential information allows us to best care for your camper. All information provided will be kept confidential. **Please attach a note with any additional health concerns.** Please notify camp if your child is exposed to any communicable disease during the two weeks prior to camp attendance. For campers with **asthma**, a rescue inhaler must be kept with them at all times. For life threatening **allergies**, please provide epi-pen. All prescription and non-prescription **medications** must be turned into the camp nurse 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 be labeled with the camper's name. **Weekly pill boxes will NOT be accepted.**

EMERGENCY CONTACT: *Please provide emergency contacts in the event that parents/guardians cannot be reached.*

Emergency Contact #1 Name _____ Relationship _____

Primary Phone _____ Secondary Phone _____

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Primary Phone _____ Secondary Phone _____

BASIC INFORMATION: Camper Height _____ Weight _____

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

ALLERGIES: Y N *For life threatening allergies, please provide epi-pen.*

Name of allergen _____ Type (circle): Food / Drug / Other

Describe reaction and severity _____

Name of allergen _____ Type (circle): Food / Drug / Other

Describe reaction and severity _____

DIETARY NEEDS: Y N *We are able accommodate most vegetarian, vegan, gluten-free, and dairy-free diets.*

If yes, explain: _____

MEDICAL CONCERNS/ACTIVITY RESTRICTIONS: Y N If yes, explain: _____

INSURANCE INFORMATION: Is the camper covered by family medical/hospital insurance? Y N

Insurance Company Name _____ Phone _____

Group Number _____ Policy Number _____

Subscriber's Name _____ Subscriber's DOB _____

MEDICATIONS: Will the camper be taking prescription and/or non-prescription medication while at camp? Y N **Review camp instructions about required packaging found at the top of this page. Attach a separate sheet to list more medications.**

Medication #1 Name _____ **Dosage** _____

Reason for taking _____

How is medication given (e.g. orally) _____ Start Date _____ End Date _____

When is medication delivered? (e.g. breakfast, bedtime, as needed) _____

Medication #2 Name _____ **Dosage** _____

Reason for taking _____

How is medication given (e.g. orally) _____ Start Date _____ End Date _____

When is medication delivered? (e.g. breakfast, bedtime, as needed) _____

Medication #3 Name _____ **Dosage** _____

Reason for taking _____

How is medication given (e.g. orally) _____ Start Date _____ End Date _____

When is medication delivered? (e.g. breakfast, bedtime, as needed) _____

Forbidden over-the-counter Medications: The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Check those medications that camper should **NOT** be given.

Acetaminophen (Tylenol) Antibiotic Cream Antihistamine/allergy medication Ibuprofen (Advil, Motrin)

Camper's Health Information (Continued)

****If your child has a significant physical or mental health diagnosis or falls on the autism spectrum, please call our office at 559-772-4040 before enrolling so we can discuss how we may best be able to care for your child.****

GENERAL HEALTH HISTORY: Check "Yes" or "No" for each statement. Explain "Yes" answers below. Attach a separate sheet if necessary.

Ever been hospitalized?	Y <input type="checkbox"/> N <input type="checkbox"/>	Ever had surgery?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have recurrent/chronic illness?	Y <input type="checkbox"/> N <input type="checkbox"/>	Had a recent infectious disease?	Y <input type="checkbox"/> N <input type="checkbox"/>
Had a recent injury?	Y <input type="checkbox"/> N <input type="checkbox"/>	Have asthma/wheezing/shortness of breath?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have diabetes?	Y <input type="checkbox"/> N <input type="checkbox"/>	Had seizures?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have frequent headaches?	Y <input type="checkbox"/> N <input type="checkbox"/>	Wear glasses/contacts?	Y <input type="checkbox"/> N <input type="checkbox"/>
Had fainting/dizziness?	Y <input type="checkbox"/> N <input type="checkbox"/>	Passed out or chest pain with exercise?	Y <input type="checkbox"/> N <input type="checkbox"/>
Had mononucleosis (mono) during past 12 mo.?	Y <input type="checkbox"/> N <input type="checkbox"/>	Have problems with menstruation (if applicable)?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have problems with falling asleep/sleepwalking?	Y <input type="checkbox"/> N <input type="checkbox"/>	Have back/joint pain?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have a history of bedwetting?	Y <input type="checkbox"/> N <input type="checkbox"/>	Have problems with diarrhea/constipation?	Y <input type="checkbox"/> N <input type="checkbox"/>
Have any skin problems?	Y <input type="checkbox"/> N <input type="checkbox"/>	Traveled outside the country in the past 9 months?	Y <input type="checkbox"/> N <input type="checkbox"/>

If "Yes", please explain: _____

MENTAL HEALTH HISTORY: Check "Yes" or "No" for each statement. Explain "Yes" answers below. Attach a separate sheet if necessary.

Ever been treated for attn. deficit disorder (ADD) or attn. deficit/hyperactivity disorder (ADHD)?	Y <input type="checkbox"/> N <input type="checkbox"/>	Ever been treated for emotional or behavioral difficulties or an eating disorder?	Y <input type="checkbox"/> N <input type="checkbox"/>
During the past 12 months, seen a professional to address mental/emotional health concerns?	Y <input type="checkbox"/> N <input type="checkbox"/>	Had a significant life event that continues to affect them?	Y <input type="checkbox"/> N <input type="checkbox"/>

If "Yes", please explain: _____

Financial Information

Tuition Calculator

Camper Name: _____

Session(s): _____

Total Tuition Due: \$ _____

Non-Refundable Deposit: \$ _____

A \$125 per session non-refundable deposit is included in the tuition and is due with registration.

Payment Amount Enclosed: \$ _____

Balance Due: \$ _____

Final Payment is Due: June 24, 2019

Please contact the camp registrar if you are unable to meet this requirement.

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 on Card _____

Card # _____

Exp Date month _____ year _____

Billing Address _____

Cardholder Signature _____

Cancellation Policy: In the event of a cancellation, a \$125 per session 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.

Camper Check-In: Sunday, 2-5pm

Camper Check-Out: Saturday, 9-10am

For those traveling 200 miles or more, ask about our **200 Mile Partnership** for free overnight lodging for drop-off and/or pick-up. All persons checking out a camper must be a parent or legal guardian or be listed as an Authorized Pick-Up. Photo Identification **is required** at check-out.