



CalvinCrest 2020 Youth Winter Camp Registration Form

Name _____ Male Female
 Address _____
 City _____ State _____ Zip _____
 Birthday _____ Age _____ Grade _____
 Church Name _____ 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 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 # _____

Registration Policies

Registration and balance due two weeks before event start date. Includes Friday dinner (6:30pm) through Sunday breakfast. Non-refundable deposit is due upon registration. Cancellations made prior to two weeks before the start of camp will be issued a refund for all but their non-refundable deposit. Cancellations made within two weeks of the start of camp cannot be guaranteed a refund.

Winter Camp!
 February 7-9, 2020
Middle School & High School
Combined 6th-12th grades

Check-in is Friday from 5-6 PM with dinner at 6:30 PM. **Check-out** is Sunday at 11 AM.

Church Group Provides Cabin Leader
 \$140 per camper

This rate requires that your church provide a same gender cabin leader.

A \$50 non-refundable deposit is due with registration. Please send payment through Church Group.

Church Name _____
 City _____

Calvin Crest Provides a Cabin Leader
 \$170 per camper

For campers attending without a church group.

A \$50 non-refundable deposit is due with registration.

Cabinmate Requests(s)

#1: _____

#2: _____

Please enclose check or provide Credit Card

Amount to be charged: \$ _____

Name _____

Card # _____

Exp Date month _____ year _____

Billing Address _____

Cardholder Signature _____

Cabin Leader with Church Group
 \$60 per Cabin Leader

A \$30 non-refundable deposit is due with registration. Please send payment through Church Group.

Church Name _____

City _____

Continue to Reverse

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) 772-4040 ext. 108 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.

Food Allergies or Medical Dietary Needs	Non-Allergy, Non-Medical Dietary Restrictions
Please list any food allergies or dietary needs due to a medical condition identified by a doctor (e.g. Peanut allergy, Celiac Disease, etc.):	Please list any non-allergy, non-medical dietary restrictions (e.g. vegetarian diet, non-Celiac gluten free, etc.):
Please list necessary precautions and/or substitute food options:	Please list food substitutes that may be considered:
<p>To help up better understand your allergy, please check one:</p> <p><input type="checkbox"/> Consumption (Allergic reaction occurs when the individual eats the allergen)</p> <p><input type="checkbox"/> Contact/Environmental (Allergic reaction occurs when the individual comes in contact with the allergen)</p> <p><input type="checkbox"/> Not sure</p> <p>If you have been prescribed an epinephrine auto-injector, please check here: _____</p>	

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