

2024 TEEN SUMMER CAMP REGISTRATION

Camper's First Name _____ Last Name _____

Camper's Email: _____@_____. _____

Camper's Phone #: (_____) _____ Camper's Age _____

Camper's Gender: M / F Camper's Grade (NEXT YEAR): _____

T-Shirts Size (all adult sizes): S M L XL XXL

Preferred Roommate: _____

Medical Information

Is the Camper currently taking any medications? Y / N

- If yes, please elaborate: _____

Does the Camper have any allergies? Y / N

- If yes, please elaborate: _____

Does the Camper have any dietary restrictions? Y / N

- If yes, please elaborate: _____

Please enter your Insurance Provider: _____

Please enter your policy number: _____

- If you do not have medical insurance, please put N/A for both entries above.

In case of Medical Emergency

I understand that every effort will be made to contact the parents or guardians of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order: injections, anesthesia, or surgery for my child, as named above. If for any reason (medical or disciplinary) my child is sent home early, I agree to pick him or her up at camp regardless of the time.

I have read and agree to the terms above. Y / N

Parent Information:

Parents First Name _____ Last Name _____

Parents Email: _____@_____. _____

Parents Phone # : (_____) _____

Terms:

I confirm that I am this camper's legal guardian and that I must fill out the Idyllwild Pines Release of Liability Form in order to be fully registered (in addition to this registration), that I have read the camp rules and will ensure that the registered camper above knows the rules and understands that if he or she does not comply, I may be asked to come to pick my student up from camp.

I have read and agree to the terms above. Y / N

I agree to let Pastor Jason use this form to fill out the online registration for my child using only the information that I have provided here on this document. Y / N

Signature: _____



Participant Assumption of Risk and Release of Liability Agreement

Name of Participant: (Print clearly) _____ **Date:** _____

Emergency Contact Name: _____ **Phone Number:** _____

In consideration for permitting participation in Idyllwild Pines Camp and Conference Center sponsored courses and activities ("Activity" or "Activities"), I, as the legal guardian for myself or on behalf of the minor participant, hereby represent, acknowledge and agree as follows:

Acknowledgement and Assumption of Risks:

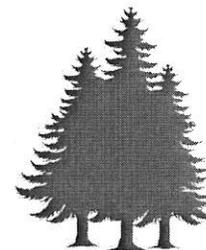
It is acknowledged that there are certain risks and dangers in participating in Activities conducted in either indoor or the outdoor setting, which cannot be eliminated without destroying the unique character of the Activities. Exposure to natural elements such as extreme or inclement weather cannot be controlled and may be harmful. Injuries can occur from natural hazards including, but not limited to, wild animals, insects, reptiles, toxic plants, loose or falling rocks, sharp rock edges, wood splinters, falling trees, steep slopes, rugged terrain, flooding, ice and snow.

Individuals who participate in any camp Activity or are using the challenge course will climb high rock walls, trees, ropes and wires, while attached to a rope protection system and wearing a helmet. While participating in these Activities, the participant may slip or fall, which can lead to minor injuries or in extreme cases, more serious injuries, including permanent disability, trauma or death. The participant could experience vertigo or other mental impairment brought on by exposure to heights or fear of falling.

It is acknowledged that decisions made by the instructors and participants in a wilderness setting are based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgments. Lapses of judgment or the careless conduct of other participants may cause the participant injury.

The undersigned represents that he/she, and/or the minor participant, is in good health and in the proper physical condition to participate in the Activities. Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include, but are not limited to: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as broken bones, strains, joint or back injury, and concussions; and 3) catastrophic injuries including paralysis and death. The undersigned fully understands that the risks involved may be caused by his/her or the minor participant's own actions, those of other participants, the conditions in which the Activities take place, or the negligence of the Releasees named in this Agreement. Further, it is understood that there may be other risk either not known to myself or the minor participant or not readily foreseeable at this time. I, as the legal guardian for myself or on behalf of the minor participant, fully accept and assume all such risks and all responsibilities for losses, costs, and damages incurred as a result of participation in the Activities.

The undersigned further acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that he/she, and/or the minor participant, may be exposed to or infected by COVID-19 by attending the Idyllwild Pines Camp and Conference Center sponsored courses and activities, and that



ESTABLISHED 1923

EXPERIENCING RENEWAL | DISCOVERING TRUTH | TRANSFORMING LIVES

26375 STATE HWY 243 P.O. BOX 425 IDYLLWILD CA 92549 PHONE: 951-659-2605 EMAIL: INFO@IDYLLWILDPINES.COM WWW.IDYLLWILDPINES.ORG



such exposure or infection may result in personal injury, illness, permanent disability, and death. Per the Centers for Disease Control and Prevention, COVID-19 is a contagious disease thought to be spread mainly from person-to-person. Although Idyllwild Pines Camp will put in place preventative measures to reduce the spread of COVID-19, it cannot guarantee that Participant will not come in contact with or become infected with COVID-19 or and other infectious diseases. I, as the legal guardian for myself or on behalf of the minor participant, understand that the risk of becoming exposed to or infected by COVID-19 at Idyllwild Pines Camp and Conference Center may result from the actions, omissions, or negligence of myself, the minor participant, and others, including, but not limited to, Idyllwild Pines Camp and Conference Center employees, volunteers, and other participants and their families.

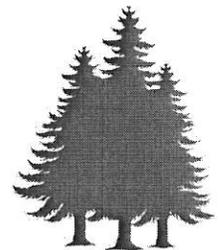
Release and Indemnity:

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or the minor participant (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or the minor participant may experience or incur in connection with my and/or the minor participant's attendance at Idyllwild Pines Camp and Conference Center or participation in the Activities.

On behalf of myself and/or the minor participant, I hereby release, hold harmless and agree not to sue Idyllwild Pines, its respective directors, officers, employees, representatives, affiliates, volunteers, agents, contractors, and, if applicable, owners or lessors of premises on which the Activities take place ("Releasees"). With respect to any and all claims of injury, disability, death or other liabilities and loss of damage to person or property, asserted by or on behalf of participant or by parents or guardians, resulting directly or indirectly, from participating in Activities or the use of its equipment or facilities.

This release includes injury, loss or damage caused or claimed to be caused in whole or in part by the negligence of Idyllwild Pines and its agents. It is understood that in signing this document, rights are surrendered to make any claim or file a lawsuit against Idyllwild Pines and/or agents for personal injury, property damage, wrongful death, breach of warranty or contract, or under any other legal theory, except in cases in intentional wrongs or the gross negligence of Idyllwild Pines and/or its agents. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Idyllwild Pines and/or its agents, whether a COVID-19 infection occurs before, during, or after participation in the Activities.

Medical Waiver: In the event of injury or illness while I and/or the minor participant is engaged in any Activities, the undersigned hereby authorizes Idyllwild Pines Camp and Conference Center to consent to medical treatment on behalf of myself and/or the minor participant as deemed necessary. The undersigned hereby authorizes Idyllwild Pines Camp and Conference Center and its officers, employees and agents, into whose care myself and/or the minor participant has been entrusted, to consent to the advice of trained emergency personnel.



ESTABLISHED 1923

EXPERIENCING RENEWAL | DISCOVERING TRUTH | TRANSFORMING LIVES

26375 STATE HWY 243 P.O. BOX 425 IDYLLWILD CA 92549 PHONE: 951-659-2605 EMAIL: INFO@IDYLLWILDPINES.COM WWW.IDYLLWILDPINES.ORG



The undersigned understands and agrees that he/she and/or the minor participant is advised to obtain health insurance coverage prior to participation in any Activity and that he/she and/or the minor participant will be responsible for any medical expenses arising out of any injury or claim arising out of Activity participation.

This release shall be binding to the fullest extent permitted by law. If any provision of this agreement is found to be unenforceable, the remaining terms shall be enforceable. This agreement will be interpreted and construed according to the laws of the State of California, and in the event of any legal action relating to this agreement or any of the subject matter covered by it, such legal action will be initiated, maintained and decided only in Riverside County, California.

The participant, and the parent(s) or guardian of a minor participant, have each read this document, had the opportunity to ask questions, and understand and voluntarily agree to its terms, which shall be binding upon them, their heirs, estate, executors and administrators. The parent or guardian confirms that they have the authority to make this commitment. The undersigned fully understands that with this assumption of risk, release and waiver of liability and indemnity agreement, that the undersigned is giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledge that he/she is signing this agreement freely and voluntarily.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Print Name _____

In the event of an emergency, if the family physician cannot be reached, I hereby authorize myself or my child to be treated by Certified Emergency Personnel.

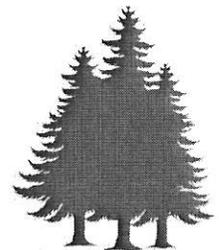
Signature of Parent/Guardian or Participant _____ Print _____

Date _____

Photo and Video Release

I give Idyllwild Pines Camp permission for any photos or videos taken of myself/child for the duration of the stay to be used at Idyllwild Pines camp's discretion in any of their promotional venues.

Signature of Parent/Guardian or Participant _____ Print _____ Date _____



ESTABLISHED 1923

EXPERIENCING RENEWAL | DISCOVERING TRUTH | TRANSFORMING LIVES

26375 STATE HWY 243 P.O. Box 425 IDYLLWILD CA 92549 PHONE: 951-659-2605 EMAIL: INFO@IDYLLWILDPINES.COM WWW.IDYLLWILDPINES.ORG

College Ave. Church of the Nazarene

Medical Information & Authorization Form

(Please fill out both sides completely)

Any & All Events put on in the calendar year of 2024

Name of Student _____ Male Female

Address _____ Age _____ Grade _____

City _____ State _____ Zip _____ E-mail _____

Home Ph# _____ Parent Wk# _____ Pager/Cell# _____

School _____ Birthday _____

MEDICAL INFORMATION

Health History

Date of last Tetanus shot (DPT): Month/Year ____/____

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Drug Allergy |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Emotional Handicap | <input type="checkbox"/> Insect Sting Allergy |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Other _____ | |

If you have checked any of the above, please give details: _____

Medications currently taken: _____

(Pharmacy labeled containers preferred or must send written instructions by parent or guardian.)

Activity Restrictions: _____

IMPORTANT: Please check if your child has been exposed to a communicable disease or has been ill in the last three weeks.

If you checked the above, give details: _____

Insurance Company: _____ Policy # _____

Claims Office Address _____ Phone# _____

Employer Name & Address _____

Second Parent Address: _____

Pediatrician/Doctor Name, Address & Phone: _____

**College Ave. Church of the Nazarene
Consent to Treatment of Minor & Release**

Herein "Parent" _____ Herein "Minor" _____

Herein "Organization": College Ave. Church of the Nazarene

Herein Agent: College Ave. Church Leadership, Event directors and all staff approved by College Ave. Church of the Nazarene

The above-named Parent of the Minor has entrusted the Minor into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Minor participates in an activity sponsored by the Organization, and for the welfare of the Minor.

The Parent does hereby authorize the Agent as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the California Medical Practice Act or of the laws of the State or Country in which the medical care is being sought, and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the California Dental Practice Act or the laws of the State or Country in which the dental care is being sought. It is understood that this authorization is given in advance of any X-ray examination, anesthetic medical or surgical diagnosis or treatment or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being sought. The Parent hereby authorizes any hospital, which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is provided.

The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent and the Organization, under this authorization. Furthermore, Parent voluntarily releases, discharges, waives and relinquishes all claims that they may have against Agent or Organization, its officers, employees, and volunteers for any and all claims, actions, or causes of action for personal injury, property damage or death occurring to Minor arising out of Organization's administration of or failure to administer medicine or medication to Minor, save and except only those claims due to Organization's fraud or willful injury to the person or property of Minor. These authorizations shall remain effective until December 31, 2024, unless sooner revoked in writing delivered to said Agent. No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement. The Parent hereby authorizes said Agent to use photos of minor on forms, brochures, and Internet for promotional purposes of future events.

I HAVE CAREFULLY READ THIS CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY AGREEMENT BETWEEN PARENT AND ORGANIZATION, AND SIGN IT OF MY OWN FREE WILL.

Parent's Name _____

Parent's Signature _____ Dated _____

Family Code of California, Section 6910 The Parent or Caregiver of a minor who is a relative of the minor and who may authorize medical care or dental care under Section 6550 may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor.

Family Code of California, Section 6901 "Dental Care" means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed under the Dental Practice Act.

Family Code of California, Section 6902 "Medical Care" means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician or surgeon licensed under the Medical Practice Act.

Health & Safety Code, Section 1283(a) No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the child's parent, the person having legal custody of the child, or the caregiver of the child who is a relative of the child and who may authorize medical care and dental care under Section 6550 of the Family Code.

College Ave. Church of the Nazarene Waiver

All students are insured by the College Ave. Church of the Nazarene from the time they depart until the time they return home from a church event. However, this insurance applies only if the individual student's health insurance, which is primary coverage, does not apply or is exhausted, and applies to accidents only. Students shall be responsible for the purchase of any pharmaceutical supplies or medicine.

I hereby approve this church activity application/registration and waive all claims against the College Ave. Church of the Nazarene, its officers and representatives, incident to this activity. I understand that students are restricted from possessing fireworks, weapons, tobacco, alcohol, and other chemically abusive substances and hereby give permission to event executive staff (no less than 2) to search my child's belongings for such substances if given reasonable cause. I further understand that in the event of any emergency, medical or disciplinary reasons, the parent/guardian may be required to transport his/her child at any time during the activity.

I HAVE CAREFULLY READ THE ABOVE WAIVER STATEMENT AND SIGN IT OF MY OWN FREE WILL.

Signature of Parent/Guardian _____ Date _____

Please Print Name _____

Camp Dates: July 15 - 19
Camp Cost: \$350 (by June 2 at our Pie Auction)

Location Information

- Location Name: Idyllwild Pines Camp
- Address: 23675 CA-243, Idyllwild-Pine Cove, CA, 92549 US

Mail can be sent to Campers at the address listed above.
Make sure to label the letter 'Attn: Nazarene Summer Camp'

What to bring:

- | | |
|--------------|-------------------------------------|
| ▪ Bible | ▪ Flashlight |
| ▪ Journal | ▪ Sunscreen |
| ▪ Bedding | ▪ Snack \$\$\$ (not more than \$50) |
| ▪ Toiletries | ▪ Proper clothes for: Athletics, |
| ▪ Towels | swimming, & cool evenings |

*Ask your youth leader about themed Dress-Up night!

Camp rules:

1. Be at all meals
2. Be at all meetings
3. Walk humbly, treat others and the camp facility with respect and kindness
4. No pranks, hazing, bullying, etc