

Wintersburg Presbyterian Church (WPC) Pine Valley Camp (PVC)

Incoming 6th grade - Incoming 9th grade students

August 1, 2016 to August 5, 2016

Registration Deadline July 24, 2016. After July 24th add \$25 late fee

Camper Information: Please fill out all information & lines.

Name: _____ F M Phone: () _____
Last Name First Name

Address: _____
Street City State Zip

Age: _____ Birthdate: ____ / ____ / ____ Grade in Fall '16: _____ 1st time: Y N Room with: _____

Parent/Guardian Name(s): _____
circle relationship: Mother Father Guardian circle relationship: Mother Father Guardian

Parent E-mail: _____ Church (if applicable): _____
Print clearly. Camp Confirmation will be sent to this email

Camp Fees: Please mark the appropriate boxes. Make checks payable to WPC [Memo - Pine Valley Camp]

- | | | |
|--|---|---|
| <input type="checkbox"/> Early Bird Special (by June 26)... \$240 <ul style="list-style-type: none">• Camp Registration• Camp Photo• T-Shirt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L• Bus Fee | <input type="checkbox"/> Camp Registration..... \$240 <ul style="list-style-type: none"><input type="checkbox"/> Camp Photo.....\$10<input type="checkbox"/> T-Shirt.....\$10
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L<input type="checkbox"/> Bus Fee.....\$30 | <input type="checkbox"/> Late Registration..... \$265 <ul style="list-style-type: none"><input type="checkbox"/> Camp Photo.....\$10<input type="checkbox"/> T-Shirt.....\$10
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L<input type="checkbox"/> Bus Fee.....\$30 |
| <input type="checkbox"/> Sponsorship (Camp Registration, Photo, Shirt & Bus) | | Total: _____ |

Registration Procedures: Please read carefully & initial at the end of each paragraph (3 spots)

The Wintersburg Pine Valley Camp is a week long activity from 8/1/2016 to 8/5/2016 at Pine Valley Bible Conference Center (8668 Pine Creek Rd, Pine Valley, CA 91962) that requires all conferees to attend the camp in its entirety. Please make sure to schedule your child's school & other activities so that it does not conflict with our summer camp program. Please initial here that you agree and understand our policy on no part time conferees. _____

The state of California has issued new regulations that all campers complete a health history form. Registration will not be accepted until the health history form is received and is complete. Please initial here that you understand this health history form requirement. _____

By registering your child for Wintersburg Pine Valley Camp, you are giving permission for your child to be included in photographs or video used for WPC promotional purposes. No names will be used. Please initial here that you agree and understand this policy. _____

PARENT/GUARDIAN PERMISSION: (Required for conferees under 18 years of age.) As the parent/guardian of camper, I hereby grant permission for attendance and authorize Wintersburg Pine Valley Camp Staff to make any necessary decisions in case of unruly conduct and/or medical emergency. I will be responsible for any expenses incurred, including medical & transportation costs. I also voluntarily release & discharge & will indemnify, defend and hold harmless WPC, its directors, officers, employees, or agents (collectively "WPC Parties") from any injury or damage to said person or property due to negligence, carelessness, or any other cause.

Parent/Guardian Signature: _____ Date: _____

CAMPERS COMMITMENT: I agree to abide by camp regulations and participate in the entire program. I understand that this is a camp with Christian standards and that the camp administration/Wintersburg Pine Valley Camp staff reserves the right to dismiss anyone who does not comply. These expenses will be charged to me, my parents or guardian.

Student Signature: _____ Date: _____

REFUNDS/CANCELLATIONS: All cancellations are subject to a non-refundable processing fee of \$25/person up to, July 17, 2016 at 5:00 PM. After July 17th, the fee increases to \$50 per person. Notification of cancellation must be made directly to the WPC Pine Valley Camp Registrar by email, letter, or fax by Fri July 29th, 5:00 PM after that date no refund will be given.

Office Use Date: _____ Check #/Name: _____ Amt. pd. _____ Confirmation sent: _____

Health History Insurance Card Confirmation completed: _____

Mail registration & health history forms, a copy of your insurance card and payment to:

Wintersburg Presbyterian Church - Pine Valley
2000 N Fairview Street, Santa Ana, CA 92706

HEALTH HISTORY FORM

WPC Pine Valley Camp August 1, 2016 - August 5, 2016

Name: _____ F M Date of Birth: ___ / ___ / ___ Age at camp: ___
Last Name First Name

The information provided on this form will be used to brief our staff about your nutritional needs and to educate our staff and health supervisor about your health background and needs. Receiving adequate information is crucial to our ability to provide the proper supportive environment. Please read and complete this form thoroughly.

HEALTH HISTORY: To be completed and signed by parent or guardian. Please keep a copy for your records and to record changes in your child's health status. Please notify WPC Pine Valley Camp if there are any changes before arrival at camp. Please use a separate sheet for any additional information.

ALLERGIES: Please mark those that apply to this camper.

- This camper has no known allergies.
 This camper is allergic to the following: [list all foods, medications, and substances] _____

Does this cause anaphylaxis (a life threatening allergic reaction?) Yes No Unsure

Please describe allergic reaction [if any] and what steps are taken to manage it [attach additional information if needed]: _____

NUTRITION: We are able to work with some medically prescribed diets but are unable to cater to individual food preferences. Please mark those that apply to this camper.

- I eat a regular, varied diet
 I am lactose-intolerant (Please bring your own supply or products, such as Lactaid and contact the health supervisor when the supplement is needed.)

CHRONIC CONCERNS: Please mark all that pertain and provide information about supportive health care.

- I have no chronic health concerns and am capable of full participation in this camp program.
 I have the following chronic health concern(s):
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> asthma | <input type="checkbox"/> headaches | <input type="checkbox"/> hearing difficulties | <input type="checkbox"/> menstrual cramps |
| <input type="checkbox"/> bee sting allergies | <input type="checkbox"/> fainting | <input type="checkbox"/> seizure disorder | <input type="checkbox"/> sleepwalking |
| <input type="checkbox"/> ear infections | <input type="checkbox"/> surgical history | <input type="checkbox"/> fears/phobias | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> other _____ | | | |

Please provide information about supportive health care needed for each marked item: _____

If surgical history is marked above, please explain: Date of surgery: _____ Type of surgery: _____

Are all symptoms resolved? Yes No - Please explain: _____

Is the camper cleared by parent & physician for active camp participation? Yes No

Date of last tetanus shot: _____

Camper's Physician: _____ Office phone () _____

Camper's Dentist: _____ Office phone () _____

MEDICATIONS: All medications MUST be in original, pharmacy-provided containers and appropriately labeled. Please attach a note if taking the current dose for less than three months prior to arrival of if there are any changes:

- I do not take any medication
 I take the following medication(s) please use a separate sheet if necessary

1. Medication _____ reason _____ dosage _____
2. Medication _____ reason _____ dosage _____

The following medications are supplied to our health supervisor during the week of camp. They are used to manage illness or injury and are dispensed as directed by our medical protocols. Generic forms may be used. Please cross-out any medicine that SHOULD NOT be administered:

Acetaminophen (Tylenol)	Cough Drops	Ibuprofen (Motrin)	Pepto Bismol
Alcohol Swabs	Cough Syrup	Insect Repellent	Pseudoephedrine
Aloe Antacid	Chloraseptic	Iodine Swabs	Tinactin
Calamine Lotion	Diphenhydramine(Benadryl)	Kaopectate/Anti-Diarheals	
Triple Antibiotic Cream	Dramamine	Hydrocortisone Cream	Neosporin

MENTAL, EMOTIONAL AND SOCIAL HEALTH: Please mark YES or NO for each statement:

- This camper has been diagnosed with ADD or ADHD _____ Yes No
This camper has psychiatric diagnosis such as depression, OCD, panic/anxiety disorder _____ Yes No
This camper has an emotional/mental/social health concern _____ Yes No
If yes, please specify: _____
This camper has had a significant life event that continues to affect the camper's life _____ Yes No
If yes, please provide written information about the event.

BILLING INFORMATION FOR HEALTH CARE: You are financially responsible for health care given by an out-of-camp provider and for transportation home if the need arises. Please include a copy of your insurance card.

- I am covered under the following health insurance I am not covered under any insurance policy.

Insurance Company: _____ Policy/Member #: _____ Telephone: () _____
Name of Subscriber: _____ Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION: Please provide contact information in the event of an emergency or if we have questions about your health. We will assume that you have spoken to these individuals who are willing to assist should the need arise.

Contact _____ Relationship _____ Home () _____ Cell () _____
Contact _____ Relationship _____ Home () _____ Cell () _____

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE & CONSENT: (if under 18) This health history is correct and my child has permission to participate in all WPC Pine Valley activities except those noted by me and/or the examining physician or health supervisor. I will not hold Pine Valley Bible Conference Center, its staff, any of our leased camp sites or agents liable for injury caused by common accident, illness, or the rendering of emergency care. I give permission for this child to be transported by authorized vehicles if an emergency situation arises. WPC has my permission to obtain a copy of my child's health record from the providers that treat my child. I understand that information about my child's health will be shared on a "need to know" basis with other WPC Pine Valley staff. I give permission to the physician selected by WPC Pine Valley staff to order x-rays, routine tests and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. This form may be photocopied.

SIGNATURE OF PARENT/GUARDIAN (if under 18): _____ **DATE:** _____

RELEASE OF LIABILITY FORM (MINORS)

PINE VALLEY BIBLE CAMP AND CONFERENCE CENTER hereinafter referred to as "PVBCC" requires a signature for all attendees of the Camp. Furthermore this form releases PVBCC to photograph and/or use photographs of attendees for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of PVBCC. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend PVBCC and to participate in any PVBCC activity.

Attendee/Participant's Name _____ Age _____

IN CONSIDERATION of attending PVBCC, I acknowledge, appreciate, and agree that:

1. Attendance and Activities at PVBCC may include but are not limited to basketball, swimming, strenuous competition games, paint ball, ropes course, giant swing, night games, frisbee golf, walking, hiking, volleyball, and other Summer/Winter related sports and activities. I realize that unanticipated and unexpected dangers may arise during and associated with the above activities. I voluntarily agree to accept any and all risks of injury, death or damages of any nature resulting directly or indirectly from participation in these activities.
2. I understand that attendance at PVBCC and participation in any PVBCC activities can be physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
3. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS PINE VALLEY BIBLE CONFERENCE CENTER, their officers, officials, agents and/or employees ("releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.
4. I understand and agree that this Release of Liability Agreement covers attendance and each and every activity and event in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed ___/___/___
Participant's Signature

Address City, State, Zip Code

Phone Number (____) _____ Email _____

Parent or guardian must read this form and sign below

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Pine Valley Bible Conference Center and all other releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X _____ Date Signed ___/___/___

Relationship to Attendee/Participant