



# Camper Registration Form

(and workers under 18 years of age)

Name of Camp Week \_\_\_\_\_

Church: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_

M or F Last Grade Completed: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(for insurance purposes only)

Email Address: \_\_\_\_\_

Please check here \_\_\_\_\_ if you do not want to be added to Chautauqua's newsletter.

Circle Shirt Size: Child: Sm Med Lg Adult: Sm Med Lg 1X 2X 3X 4X

**I promise to obey the rules and regulations of Camp Chautauqua and will cooperate with the leaders and campers.**

\_\_\_\_\_  
**Camper's Signature**

\_\_\_\_\_  
**Date**

Parent/Guardian Name: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check here \_\_\_\_\_ if you do not want to be added to Chautauqua's newsletter.

**I give permission for my child to attend this camp and have provided all information and approval signatures on the following forms:**

Camper Health Form \_\_\_\_\_

Chautauqua Waiver \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

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## Chautauqua Individual Release Waiver

For:

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### Chautauqua Release Waiver

#### Participation Release

I, as the participant and/or the legal parent/guardian of a participant, do hereby indemnify and hold harmless Camp Chautauqua Inc., and its officers, directors, agents, employees, volunteers and representatives (the 'Indemnified Parties') from and against any and all liability, damages, actions, cause of action, claims, losses and/or expenses, including but not limited to attorney's fees, court costs and expenses, arising in connections with or based on injury to or death of any persons or property, including the loss of use thereof, caused by me and/or my child's/my ward's negligent or intentional conduct. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties. I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to myself or my child, and that they come with certain risks and uncertainties beyond what I and/or my child may be used to dealing with at home. I am aware of these risks, and I am assuming them (on behalf of my child). I realize that no environment is risk free, and so I acknowledge and/or have instructed my child on the importance of abiding by the camp's rules, and I and my child both agree that I and he or she is familiar with these rules and will obey them.

#### Recreation

The recreation programs at event venues strive to offer fun, safe, and challenging activities that engage the whole person. Program staff are trained and as a team committed to your rewarding experience with safety as their highest priority. They have done everything possible to mitigate any risks involved in their recreation programs. However there are inherent risks to participation in recreation activities, including but not limited to, initiative games, zip line, obstacle course, paintball, climbing or descending unpredictable and possibly slick or uneven terrain, running, jumping, and unforeseen forces of nature or weather, outdoor activities, and aquatics, any of which could result in elevated heart and respiratory rates, an injury/illness that could result in loss of life, limb, and/or property.

#### Rules and Regulations

I (and my child) will obey the rules and regulations of Camp Chautauqua and will cooperate with the leaders and campers.

#### Photo Waiver

I give consent for Camp Chautauqua to use any photographs and/or video taken of me and/or my child during camp to be published and used to illustrate, report and advertise camp including on the Internet.

#### Medical Waiver

I hereby authorize The Camp Chautauqua staff, Camp Health Officer or Group Leadership/Directorship to make emergency medical decisions for me and/or my child and I understand that my insurance coverage will be primary coverage. If the group I and/or my child is attending with has insurance the respective group is second coverage and Chautauqua will be third and for accidents only-no illness coverage.

I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect.

For:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

## Participant Medical Information Form

For:

### Participant Health Information

Is the participant covered by family medical / hospital insurance?  Yes  No

Insurance Company

Name of Carrier

Policy Number

Insurance Company Phone Number

Subscriber's Name

Subscriber's Date of Birth

Immunizations  Current  Not Current

Date of Last Tetanus Shot

Does the participant require special dietary considerations?  Yes  No

Please describe dietary restrictions (if applicable)

Does the participant have any allergies?  Yes  No

Please describe allergies (if applicable).

Does the participant have any physical restrictions?  Yes  No

Please describe physical restrictions (if applicable).

Does the participant take any prescribed medications?  Yes  No

If there is any additional medical/health history information we should be aware of, please enter it here.

Please enter any prescribed medications on the following page. If not applicable, please skip the following page.

*Participant Medical Information Form (continued)*

For:

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With my electronic signature, I hereby acknowledge that all of the above information is, to the best of my knowledge, correct and current. I hereby authorize The Chautauqua staff, Camp Health Officer and/or Summer Camp Directorship to make emergency medical decisions for me and/or my child and I understand that my insurance coverage will be primary coverage. If the group I and/or my child is attending with has insurance, the respective group is second coverage and Chautauqua will be third and for accidents only, no illness coverage.

Additionally, I attest that I have the authority to complete and sign this form and that I am the legal guardian for myself and/or the individual concerned in this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Travel Waiver

For:

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The undersigned hereby consent to, and give permission for the participant to participate in activities of church(s)/group(s) and to travel to and from Camp Chautauqua Inc. Additionally to participate in possible field trips planned as part of the activities of camp. I understand that by signing this waiver, I am giving my express consent and permission for the employees of Camp Chautauqua Inc. and church(s)/group(s) to transport the participant to and from the camp events in church/group, personal, or Camp Chautauqua Inc. vehicles. I understand and agree that neither the church(s)/group(s) or Camp Chautauqua Inc., nor any of their directors, trustees, officers, employees, agents or volunteers shall have any liability for any injury or damage to the participant's person or belongings arising out of, or relating to transportation related to said events.

I agree to the travel waiver

Signature \_\_\_\_\_

Date \_\_\_\_\_