

# 2018 Father-Son Retreat

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Father's Work (\_\_\_\_\_) \_\_\_\_\_

Father's Cell (\_\_\_\_\_) \_\_\_\_\_

Personal E-mail Address \_\_\_\_\_

## Notify in case of Emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

## Health Insurance Information

Medical Insurance Policy Holder \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Medical Insurance Claims Mailing Address \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Group # If Applicable \_\_\_\_\_

Pre-Admission Telephone Number \_\_\_\_\_

*A signed registration form and a \$25.00 deposit per family are required to register for camp.* Balance is due at check in. Deposit is non-refundable unless cancellation occurs more than two weeks prior to weekend for which the camper is registered.

Total Amount Enclosed \$ \_\_\_\_\_

If this is your first time to Camp Hope, where did you hear about us: \_\_\_\_\_ Friend \_\_\_\_\_ Web \_\_\_\_\_ Church

## Accommodations

\_\_\_\_\_ Cabin

\_\_\_\_\_ Tent on Soccer Field (provided by camper)

Total Number Attending \_\_\_\_\_

Sons Names & Ages: \_\_\_\_\_

## Parent/Guardian Authorizations, Consents and Releases

**Conduct Code:** While at Camp Hope each camper is responsible to adhere at all times with sound moral principles and all rules and policies of Christian Youth Camp, Inc. (“**Camp Hope**”). The presence, use, or display of tobacco, alcoholic beverages, drugs, improper clothing or expressions of profanity or vulgarity will not be permitted. No cell phones, radios, CD/tape players, TV’s, skateboards. These items will be collected to minimize distraction from the spiritual goals of camp and returned at the end of camp. Any camper who violates camp rules, is disruptive or is not cooperative with the camp program or others in attendance is subject to dismissal and forfeiture of fees.

**Photos:** Camp Hope reserves the right to use any photographs taken at camp in its promotional programs. This includes photos of all campers, staff, and visitors.

**General and Emergency Medical Authorizations:** The undersigned, the parent or legal guardian of the child identified herein, hereby authorize, consent and direct first aid personnel selected by Camp Hope (“**CH Representatives**”) to render reasonable first aid care, including administration of over the counter medication, deemed advisable by such CH Representative and to administer medications provided by the undersigned for my child. In the event any injury or illness is life threatening or in need of emergency treatment, I authorize the CH Representatives to summon any and all professional emergency personnel to attend, transport, and treat my child and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any physician, surgeon, dentist, hospital, or other medical professional or institution selected by, the CH Representative. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the CH Representative in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

**Damages:** I accept full responsibility for and agree to pay any damages my camper may cause.

**Clothing & Personal Articles:** Clothing & other personal articles are the responsibility of the campers. No liability is assumed for personal articles left premises. Lost & found will be donated to a worthy organization two weeks after the closing of each week of camp. For information on *L o s t & F o u n d*, c o n t a c t A u s t i n M e a d o w s a t 6 7 8 . 3 1 6 . 9 5 3 6 .

**Activities Authorization:** I wish to consent for my minor child, to participate in all activities while at Camp Hope, including, without limitation, the zip line installed at Camp Hope.

**Release:** In consideration of Camp Hope allowing my minor child to participate in such activities, the undersigned, for myself, other family members, my minor child, and our respective heirs, estates, assigns, executors, successors, assigns or legal representatives (each a “Releasing Party”) do hereby irrevocably waive, release, waive and discharge any and all past, present or future claims, demands, and causes of action, including, without limitation, all costs and attorney fees, which the any Releasing Party now has or may in the future have against Christian Youth Camp, Inc., its members, representatives, officers, agents, employees, volunteers and each of them (each a “Released Party”, and sometimes collectively, the “Released Parties”), for any and all past, present or future loss of or damage to property, and/or bodily injury, including death, however caused, resulting from, or arising out of or in any way connected with participation in such activities, including, without limitation, use of the zip line installed at Camp Hope, in each case, whether foreseeable or unforeseeable, and specifically including any such claims which may result from the negligent or other acts or omissions o f o t h e r p a r t i c i p a n t s o r a n y R e l e a s e d P a r t y .

**Hold Harmless/Indemnity:** The undersigned, on behalf of each Releasing Party, covenants not to cause any action at law or in equity to be brought or permit such to be brought in his or her behalf, either directly or indirectly, on account of loss or damage to property and/or bodily injury, including death, against any Released Party however caused, resulting from, arising out of or in any way connected with participation in such activities and each Releasing Party agrees at their sole expense, to indemnify and hold each Released Party harmless from any costs, expenses, including, without limitation, all costs and attorney fees, claims, demands, and causes of action which now or in the future may be asserted against any Released Party arising out of or by reason of participation by such minor child in any activities undertaken while attending Camp Hope, including any injury, loss or d a m a g e t h a t m i g h t o c c u r a t a n y p l a c e i n c o n n e c t i o n t h e r e w i t h .

**Assumption of Risk:** The undersigned, on behalf of each Releasing Party, represents and warrants that he or she (i) is aware of the fact that participation in such activities, even under the safest conditions possible, may be hazardous; that he or she, on behalf of such minor child and each other Releasing Party, assumes the risks of any and all loss of or damage to property and/or bodily injury, including death, however caused, resulting from, arising out of or in any way connected with such minor child’s participation in any such activities, including use of the zip line, (ii) is of legal age, is the parent of and/or legal representative for, the minor child and is competent, and authorized, execute this Agreement on behalf of himself, herself the minor child and each other Releasing Party; and (iii) has read and understands all of the provisions herein contained and acknowledges that by executing this Agreement CERTAIN LEGAL RIGHTS OF SUCH PERSON, THE MINOR CHILD AND EACH OTHER RELEASING PARTY ARE BEING IRREVOCABLY WAIVED, INCLUDING THE RIGHT TO SUE THE RELEASED PARTIES.

I have read the content in the attached Camp Hope brochure and camper is knowledgeable of the content and conduct code. The information recorded on the application form is accurate and complete. The undersigned acknowledges that he/she is the parent or legal guardian of the child identified above and has the legal authority to grant the authorizations, consents and releases above.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_