

SPRING BASH INDIVIDUAL REGISTRATION AND HEALTH FORM

Camper Name: (last) _____ (first) _____ Gender: ____ Age: ____ Grade: _____

Camper Address: _____ City: _____ State: ____ Zip: _____

Parent or Guardian name(s): _____

Address (if different): _____ City: _____ State: ____ Zip: _____

Home Phone: (____) ____ - ____ Work or Mobile Phone: (____) ____ - ____

Alternate person to contact in case of emergency: _____

Home Phone: (____) ____ - ____ Work or Mobile Phone: (____) ____ - ____

Relationship to camper: _____

Medications camper is currently taking: _____

Allergies: _____

Climbing Wall

The climbing wall is 25 feet tall and has four climbing lanes, each equipped with hydraulic auto-belay systems for safety and controlled descent. I understand that climbing wall procedures and equipment are designed to keep participants safe and that the activity will be facilitated by trained staff. Participants must weigh a minimum of 40 pounds and agree to adhere to all safety policies and procedures.

_____ *Yes, my child is at least 40 pounds and I give my child permission to participate on the Climbing Wall.*

_____ *No, I do not give permission for my child to participate on the Climbing Wall.*

Zip Line

Cedarkirk has two zip line courses, the largest having a launch platform 19 feet high and a travel distance of 200 feet. I understand that the zip line procedures and equipment are designed to keep participants safe and that the activity will be facilitated by trained staff. Participants must agree to adhere to all safety policies and procedures.

_____ *Yes, I give permission for my child to participate on the Zip Lines.*

_____ *No, I do not give permission for my child to participate on the Zip Lines.*

Legal Restrictions

Is there anyone legally restricted from seeing your child? ____ no ____ yes (If so, name: _____)

I accept full responsibility for myself or my child in the case of bodily injury, death, loss of personal property, and expenses thereof and I hereby waive, release, indemnify, and hold harmless any claims or demands which I or any member of my family may have against Presbyterian Camp and Conference Ministries of SW Florida, Inc., its employees, volunteers, officers, or directors, that may result from negligence by Presbyterian Camp and Conference Ministries of SW Florida, Inc., its employees, volunteers, officers, or directors. If there is any question regarding my or my child's ability to participate in these activities, I will inform camp staff prior to participating or allowing myself or my child to participate. I understand that all participants are required to follow established rules and procedures associated with each activity. I acknowledge the nature of the activities and the fact that not all the stresses and hazards connected with the activities can be foreseen. I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing that there are inherent risks, dangers, and rigors involved in the activities, I permit myself or my child to participate in the activities of this camp. I also give permission for the use of photography and video recordings of myself or my child in camp publicity.

Participant Name (print) _____ Date _____

Participant Signature (if 18 or older) _____

Signature of Parent/Guardian for all participants under 18

By signing below I agree to the above, exceptions noted with initials

Signature _____ Date _____