

2009 COLLEGE CAMP REGISTRATION FORM

“CONVICTED!/?”---August 2nd – 8th, 2009

Sponsored by Cornerstone Trinity Baptist Church

FIRST NAME _____ LAST NAME _____

Male ___ Female ___ AGE _____ BIRTHDATE _____

SCHOOL ATTENDING _____ HS GRADUATING YEAR _____

Driving: YES / NO If driving, please fill out the driver form _____

ADDRESS _____ CITY _____ ZIP CODE _____

CROSS STREET _____ HOME PHONE # _____

EMAIL _____ CELL PHONE # _____

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____

Contact Home Phone # _____ Contact Cell Phone # _____

MEDICAL INFORMATION (Complete back portion)

MEDICAL INSURANCE CO. _____ POLICY# _____

AGREEMENT / RELEASES: (Please initial each one to show your agreement.)

____ I agree that any medical treatment may be given to me in an emergency.

____ **I will not hold Koinonia Conference Grounds or its agents liable for injury caused by common accident, illness or the rendering of emergency care.**

____ **I hereby release Cornerstone Trinity Baptist Church (“CTBC”), its officers, directors, employees, members, volunteers, and agents of and from any and all actions, suits, proceedings, claims, demands, assessments, judgments, damages, deficiencies, liens, penalties, fines, costs and expenses, including reasonable attorneys' fees, resulting from, based upon, or arising out of any activity, accident or injury occurring at the Camp or en route to the Camp or en route from the Camp.**

____ I agree to adhere to all Rules of Conduct and Regulations of the Camp (“Rules”). If, at the Director’s sole discretion, it is decided that I am unable to continue respectfully in the Camp and I am sent home from camp, I understand and agree that no refund will be given.

____ I give permission for Koinonia Conference Grounds and Cornerstone Trinity Baptist Church to use any pictures or video taken of my child for future promotional use.

____ The information provided on this form is true and correct.

SIGNATURE _____ DATE _____

\$340 for Early Registration by July 5 and \$365 for Regular Registration by July 19. Make check payable to: Cornerstone Trinity Baptist Church.

Office Use:

Received _____ Other _____ Check # _____ KCDC _____ 04/09 EB

The following information is requested to comply with recent California laws and regulations governing the operation of organized camps. The purpose of the information is to provide a safe environment for your child and all other camp attendees. All information will be kept confidential by Cornerstone Trinity Baptist Church and Koinonia Conference Grounds and will be disclosed only to the extent required by law.

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 Koinonia Conference Grounds in writing if there are any changes.

ALLERGIES: Please mark those that apply to this camper.

This camper has no known allergies.

This camper has an allergy to the following food(s): _____

Does this cause anaphylaxis? Yes No Unknown

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. Please call if you have any questions.

This camper eats a regular, varied diet

This camper is lactose-intolerant. (Our expectation is that the camper will bring his/her own supply of products (such as Lactaid) and will contact the nurse or health coordinator when the supplement is needed.)

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

This camper has no chronic health concerns and is capable of full participation in this program.

This camper has the following chronic health concern(s):

Asthma

Headaches

Sleepwalking

Diabetes

Hearing Difficulties

Menstrual Cramps

Frequent ear infections

Bedwetting

Bee Sting Allergy

Seizure Disorder

Surgical History

Fainting

Fears/Phobias

Other (please describe): _____

Please provide information about supportive health care needed for each marked item (if any): _____

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 and physician for active camp participation? Yes No

Record of immunizations _____

Date of last Tetanus shot: _____

Camper's Physician: _____ Office Phone: (____) _____

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

This camper does not take any medication.

This camper takes daily medication:

1. Medication: _____ Reason for Taking: _____

Dose Taken: _____ How often each day? _____

MEDICATIONS (continued):

The following medications, stocked in the Gauze Pad/Health Center, are used to manage illness or injury and dispensed as directed by our medical protocols. Generic form may be used. Please cross-out any medicine your camper **should not** be given:

Acetaminophen (Tylenol)

Aloe

Antacid

Bismuth Chewable Tablets

Calamine Lotion

Chamomile Tea

Cough Drops

Diphenhydramine (Benadryl)

Dramamine

Guaifenesin DM (Cough Med)

Hydrocortisone Cream

Ibuprofen (Motrin)

Insect Repellent

Iodine Swabs

Kaopectate/Anti-Diarrheals

Nix

Pepto Bismol

Pseudoephedrine

Tinactin

Triple Antibiotic Cream

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

Record of immunizations _____

Date of last Tetanus shot: _____

Camper's Physician Name: _____ Office Phone: (____) _____

WHAT HAVE WE FORGOTTEN TO ASK? Please provide additional information about your child's health which may have been neglected on this form. We are particularly interested in information which has impact upon your child's ability to fully participate in our active camp program.

2009 COLLEGE CAMP DRIVER INFORMATION FORM

If the information you provide on this sheet changes, please contact Donald Chew
(415) 828-8685 before July 19th.

NAME _____

MAKE OF CAR _____ (ie. Honda, Toyota, etc)

MODEL OF CAR _____
(ie. Accord 2 or 4 doors, Camry 2 or 4 doors, etc...)

CAR INSURANCE CO. _____

POLICY #: _____

NUMBER OF PASSENGER (Including yourself) _____

*If driving others. I am driving the following people:

*Please indicate if you have any special circumstances (e.g., leaving camp early, leaving for camp late, etc.) Please understand these special circumstances needs approval from EB prior to going to camp.

Approval: EB Chou