

REGISTRATION FORM
(Please fill in all information)

CAMPER:

Name: _____ Grade (in Sept.): _____

Date of Birth: _____

Male / Female (circle one)

Mailing Address: _____

City/State/Zip: _____

E-mail: _____

PARENT/LEGAL GUARDIAN:

1. Father's Name: _____ Cell phone: _____

2. Mother's Name: _____ Cell phone: _____

3. Legal Guardian: _____ Cell phone: _____

E-mail(s): _____

Participation:

My child knows how to swim: Yes _____ No _____

My child may participate in all Camp activities: Yes _____ No _____

I understand and give approval for photographs to be taken during the week that may include my child. I further understand and agree that these photographs will appear in the camp slide show and might be used to promote Cedar Lake Camp.

Parent/Guardian Signature _____ Date: _____

OFFICE USE ONLY

Name: _____
Counselor: _____
Cabin: _____

Church of Jesus Christ of Latter Day Saints Huntington Beach Stake

**Camp Medical, Liability and General Release
Participation and Media Authorization**

Church of Jesus Christ of Latter Day

The undersigned do hereby release, forever discharge and agree to hold harmless Saints Huntington Beach Stake from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant.

Church of Jesus Christ of Latter Day

The undersigned further agree to indemnify and hold Saints Huntington Beach Stake and respective members, directors, employees, and agents (collectively, the "Indemnities") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (regardless of participant's age).

If participant is under 18 years of age, I (we) the parent(s) or legal guardian(s) of the participant do hereby grant permission for our child to participate fully in the church activity and hereby give permission to Church of Jesus Christ of Latter Day Saints Huntington Beach Stake take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills.

We do hereby give permission for photographs or video taken at the camp to be posted on the Internet for the purpose of making them available to Cedar Lake Camp participants/families and for the purpose of promoting the camp. If upon seeing anything posted, you wish it removed, please request such in writing and it will be removed.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

Camper Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____ Message: _____

Signature of Parent(s) or Legal Guardian(s):

(1) _____
Signature Print Name Date

(2) _____
Signature Print Name Date

Signature of Participant (if 18 years or older):

Signature Print Name Date

(Please complete Medical Information Sheet)

OFFICE USE ONLY
 Name: _____
 Counselor: _____
 Cabin: _____

Church of Jesus Christ of Latter Day Saints Huntington Beach Stake

MEDICAL INFORMATION
 (Please fill in all information)

Camper Name: _____ Date of Birth: _____
 Parent(s)/Legal Guardian(s): _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Cell: _____

If not available in case of emergency, notify:

PRIMARY CONTACT
 Name: _____
 Address: _____
 City/State/Zip: _____
 Day Phone: _____
 Evening Phone: _____

SECONDARY CONTACT
 Name: _____
 Address: _____
 City/State/Zip: _____
 Day Phone: _____
 Evening Phone: _____

Physician's Name: _____ Phone: _____
 Physician's Address: _____
 Health History: (Provide all relevant details): _____
 Allergies: Insect/Bee stings: _____ Drugs (name): _____
 Foods (name): _____
 Other: _____
 Diseases/Conditions: Asthma _____ Diabetes _____ Heart Ailment _____
 Epilepsy/Seizures _____ Other _____
 Details: _____

Medication

Please do not bring over the counter medications that would likely be provided by Camp staff (Acetaminophen, Ibuprofen, Benedryl, Antacids, Antibiotic Ointments, Hydrogen Peroxide, eye wash, cough drops, lip balm, sting relief, insect repellent).

I do NOT want the following over-the-counter medications given to this camper.

The following medications are being provided to designated camp staff for administration to camper (include Epipens and Asthma Inhalers that will be in camper's possession).

Medication: _____	Dosage: _____	Frequency: _____
Medication: _____	Dosage: _____	Frequency: _____
Medication: _____	Dosage: _____	Frequency: _____
Medication: _____	Dosage: _____	Frequency: _____

(All prescription medications must be in original labeled container with camper's name, name of medication and dosage on the label.)

Insurance Carrier: _____ Policy/Group#: _____

_____ I HAVE ATTACHED A COPY OF MY CHILD'S IMMUNIZATION RECORDS TO THIS COMPLETED FORM or
 _____ I HAVE ATTACHED A VALID WAIVER FORM SIGNED BY THE PARENT AND THE PHYSICIAN

I agree to notify the Camp Director if camper becomes ill with an infectious disease (Measles, H1N2, etc.) or is ill with an infectious or communicable disease within seven days of the beginning of camp.

 Signature of Participant or Parent(s)/Legal Guardian(s) if participant is under 18 years.