

RISK OF INJURY—WAIVER OF LIABILITY

1. I hereby give permission for my child to participate in recreational, swimming, and learning activities and to be bound by all camp policies in force.
2. I desire that my child participate in the full range of camp activities and acknowledge that the natural conditions of the camp and the interaction with other children of various ages may subject my child to a risk of injury.
3. I, therefore, release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Blue Rock Christian Camp, its staff, management, faculty, volunteers, or its officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my child.
4. **In Case of Emergency:** I hereby give permission to the physician selected by the camp management or dean to secure proper treatment for my child as named on this card. Doctor calls, treatment, or hospitalization are to be charged to our family insurance or to me personally.
5. I understand that Blue Rock Christian Camp and its staff shall not be held responsible for any articles lost, stolen, or left at the camp.
6. I understand that my child may be a subject of photographs taken by the camp for publicity purposes and authorize the use of these photographs.

| | |
|--|------------|
| SIGNATURES | |
| Signature required of _____ | DATE _____ |
| CUSTODIAL / RESIDENTIAL PARENT OR LEGAL GUARDIAN | |

ALL medication(s) sent to Blue Rock Christian Camp must come in original packaging and will be given to the nurse at check-in who will oversee the administration of all medications.

- **PART I** Medication sent to Blue Rock Christian Camp that are physician prescribed, Part I **MUST** be completed and signed by prescribing physician!

Physician's Name _____ Phone No. _____

Physician Address _____ Physician Emergency Phone # _____

Name of Medications to be administered _____

Dosage and frequency of dosage _____

Any adverse reactions that should be reported to the Physician: _____

Special instructions for administration and / or storage of medicine: _____

Yes or No Because inhaler is for emergencies, the camper is to have possession of it. *****PHYSICIAN INITIAL**_____

*****PHYSICIAN SIGNATURE** _____ Date _____

- **PART II** Medication sent to Blue Rock Christian that is non-prescribed, Part II below **MUST** be completed.

Medication to be administered (list all medicine(s), dosage, and time of day for each): _____

Reason for Medication _____

Possible reaction that should be reported to parent: _____

Date medication started: _____ Date medication is to cease: _____

Signature of Custodial/Residential Parent or Legal Guardian _____ Date _____

2008 Camp Schedule & Fees

| Camp Week (check week) | Date | Registration Post-Marked before 5-25-08 | Registration Post Marked after 5-25-08 | Day of Camp Check-In |
|---|---------------------|---|--|----------------------|
| Day Camp (completed Kindergarten) | June 29 to 30 | \$25 | \$31.25 | \$37.50 |
| First Chance (completed grades 1, 2, or 3) | June 29 to July 2 | \$75 | \$81.25 | \$87.50 |
| Junior Week (completed grades 4 or 5) | July 27 to August 1 | \$95 | \$107.50 | \$120 |
| Junior High (completed grades 6, 7, or 8) | July 13 to 18 | \$95 | \$107.50 | \$120 |
| Senior High (completed grades 9, 10, 11, or 12) | July 6 to 11 | \$95 | \$107.50 | \$120 |

| | |
|---|------------------------|
| Base Camp Fee | \$ _____ |
| Mission | _____ |
| Canteen (Snacks) | _____ |
| NO Canteen for First Chance / Day Camp | |
| Junior Camp | \$1.00 per day maximum |
| Junior High Camp | \$3.00 per day maximum |
| Senior High Camp | \$3.00 per day maximum |
| Pre-Registration | \$ _____ |
| Due at Check-in | \$ _____ |
| Total | \$ _____ |

PLEASE NOTE: To receive the discounted rate, registration form and deposit **MUST** be postmarked by the discount date. Full remaining balance is expected at camp registration if not made prior to that time. **NO REFUNDS FOR NO SHOWS**

2008 Blue Rock Summer Camp Registration
 Mail a completed form for each camper and either a \$10 non-refundable, non-transferable deposit or full payment to:
Blue Rock Christian Camp * P.O. Box 190 * Thompson, OH 44086
 Phone: 440-298-9849

Camper's Name: _____

Birth Date: ____ / ____ / ____ School Grade Completed in 2008 _____

Boy or Girl Is Camper Immersed Yes or No

Parent or Guardian's Name: _____

E-mail Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Home Church: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Health Insurance Co. _____

Policy or Group No. _____

Physician's Name _____ Phone # _____

Physician's Address _____

HEALTH RECORDS

List Camper's allergies (food, drugs, environment) _____

List ALL medications, vitamins, or herbs camper is taking _____

Is camper allergic to stinging insects? _____

Is camper free of communicable disease? If No, please explain. _____

Is there any physical, medical, or emotional condition the camp should be aware of? _____

I attest that _____

Is in good physical condition and is able to participate in all camp activities. _____

Parents Signature _____