

Timber Ridge Camp Application 2012



Name (MF circle one) _____

Address _____

City _____ State _____ Zip _____

Ph (Hm) _____ (Wk) _____ (Cell/Bpr) _____

Age _____ Birthdate ____/____/____ Home Church _____

Parent/Guardian _____

Camper lives with: (Circle one) Father Mother Both

Bring a Friend Discount

Bring a friend who has **never been to camp before**, and save money on the cost of camp! Bring one friend and save \$20; bring 2 friends and save \$40; bring 3 friends and save \$60; bring 4 friends and come to camp absolutely free!!!

Please list additional campers below:

Early Bird Discount

\$10 off the price of camp if you pre-register and pay in full, post-marked no later than June 10.

Sibling Discount

If you have multiple children coming from the same household, you will receive a \$5.00 discount for each child registered. It is not necessary for them to be registered for the same week of camp. Please list all siblings:

Camp Fees

Please check the camp you will attend

Blind Camp – July 29-August 5

Contact Christian Record Services: 402-488-0981

Cub Camp June 24-July 1.....Ages 7-10.....\$225 _____
 Junior Camp..... July 1-8.....Ages 10-13.....\$225 _____
 'Tween Camp..... July 8-15.....Ages 13-15.....\$225 _____
 Teen Camp July 15-22Ages 15-17\$225 _____
 ~ Early-Registration FEE....Please read criteria..... \$10 _____

Bring a Friend Discount.....\$ -- _____

Early Bird Discount if Paid in FULL ...\$-10.00\$ -- _____

Sibling Discount.....\$-5 each.....\$ -- _____

Total Fees minus discounts\$ _____

~ Early registration is for those parents who are picking up and dropping off in the same week, or those coming from a very long distance. Please do NOT drop your child off early if you do not qualify. Early registration closes 12:00. Please be respectful of this criteria before registering early.

Make check payable to: Timber Ridge Camp

Opportunity Camper (Must contact local Pastor for details)

Sponsoring Church _____

Treasurer's Telephone _____

Form attached _____

Family portion paid _____

Church check received _____

Family Camp Application 2012

Parent's name _____

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone (Hm) & (Wk) & (Cell) _____

Home Church _____

Camp Fees

Family Camp July 22-29

Adult \$135

Child ages 6-8 (each) \$105

Maximum per family \$500

The maximum applies only to the immediate family, which consists of parents and their minor children. No discounts listed above (Camper Application) apply to Family Camp

Single Moms Camp Application 2012

Mom's name _____

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

Address _____

City _____ State _____ Zip _____

Ph (Hm) _____ (Wk) _____ (Cell/Bpr) _____

Home Church _____

Camp Fees

Single Moms Retreat June 21-24

Mom \$35

Child (each)..... \$10

ContactTammy Begley: 317-919-5318

Deadline to pre-register for Single Mom's Camp is June 1, 2012.

Space is limited so register early!

Name of Camper (M/F circle one) _____ Date of Birth _____
Address _____

Camper Health Record

Camper Insurance Company _____ Medical / Care Card # _____

Family Physician _____ Phone # _____

List any current medications: _____

Is Tetanus Immunization current? No Yes

Please list any/all allergies to food, medications or other? If you child has eating restrictions please send them to camp with any dietary needs that they may need throughout the week. TRC cannot provide individual meal plans for the campers. However, we will supplement our menu items with what you provide.

Health History—List any recent illnesses, injuries and/or hospitalizations you have had in the last year:

Are there any activities you are restricted from doing for medical reasons? No Yes If yes, please explain:

Other instructions for the camp nurse: (If additional space needed, attach page)

If parent or legal guardian cannot be reached in an emergency, notify: Name _____

Relationship _____ Home phone _____ work phone _____

The above camper has my approval, as parent or legal guardian, to attend Timber Ridge Camp and participate fully in all activities unless otherwise specified. I am aware of the activities and risks involved in this program and I knowingly assume full financial responsibility for all risks involved. I hereby release the Seventh-day Adventist Church (Indiana Conference) and the camp management, employees, and volunteers from liability in case of accident or illness. I support the policies of Timber Ridge Camp and the camper agrees to abide by these policies. I understand that my child is participating in all activities by their own free will. I give my consent for any treatment/hospitalization needed as a result of injury or illness occurring during involvement in Timber Ridge Camp activities. Camp Staff will attempt to inform the parent or legal guardian of such an incident as soon as it is reasonably possible.

Signature of parent or legal guardian _____

Name of parent or legal guardian (please print) _____

Include address if different from the camper _____

Date _____ Home phone _____ Work phone _____

I give permission to Timber Ridge Camp to use photographs or video taken of the above camper during the camping season for the purpose of promotion and advertisement of the camping program. A weekly video is produced as well as a year-end promotional video that will be used around the conference to promote Timber Ridge Camp.

Signature of parent or legal guardian _____

Name of parent or legal guardian (please print) _____

IMPORTANT: To protect your child when he/she is leaving camp, we are requiring **all campers** to sign out at the camp store before leaving. You **must** identify any additional individuals who may be authorized to pick up your child from camp. If they are not listed below, your child will not be allowed to leave camp until authorization from you is given.

Name _____ Relationship to camper _____

Name _____ Relationship to camper _____

Signature of parent or legal guardian _____

Name of parent or legal guardian (please print) _____

Office Use ONLY: Do not write in this section until camper has obtained approval to leave camp.

Signature of person listed above and authorized to take camper off campus _____

_____ Date

Over-The-Counter (OTC) Medication Administration Form

Print Camper Name: (M/F circle one) _____ Birth day _____

- Your signature is an authorization to administer over-the-counter (OTC) medications as directed on this form by the TRC Nurse
- All medications should be administered by the TRC Nurse, with an exception for emergency inhalers prescribed to the camper.
- Every effort will be made to relieve any medical symptoms by encouraging the natural remedies such as water, rest, and sleep. However, in the event these remedies do not bring relief, our intent is to follow your directions as accurately as possible.

PLEASE CHECK ONLY ONE

- Check this box if the TRC Nurse is to administer NO OTC medications under any circumstances.
- Check this box if the TRC Nurse is to administer ONLY OTC medications as indicated below.
- Check this box if the TRC Nurse is to administer ANY OTC medications as needed at their discretion.

Any special instructions for OTC medications:

Any additional OTC medications

Signature of parent / guardian _____ Date _____



CONSENT FOR RELEASE OF PROTECTED HEALTH INFORMATION (HIPAA)

I _____, legal parent or guardian of _____ hereby consent to the use or disclosure of the **individually identifiable health information/protected health information** described below ("Health Information"). I understand this authorization is voluntary and I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Persons/Organizations to Receive the Health Information. I consent to the unrestricted disclosure and use of the Health Information described above to the following person(s) or organization(s) as noted below: *Please give name of specific individual to whom Timber Ridge Camp can release your protected health information.*

Timber Ridge Camp Director/Management Staff _____

Camp Nurse _____

By signing below, I authorize Timber Ridge Camp to release my protected health information as indicated above. This consent will remain in effect until I revoke it in writing.

Signature _____ Date _____

Printed Name: _____ Member ID Number: _____
(See medical ID card)

Address: _____

Baptismal Request

Also available at www.trcamp.org

Name: _____

I have completed a Bible study course with my pastor or an adult from my church.

Pastor's Signature: _____

Church Clerk's Signature: _____

Parent's Signature: _____

You must bring a Baptismal Certificate to camp. This is supplied by your church clerk.

You will be voted into membership of your local church pending your baptism at TRC.

