

PONDEROSA CAMPER REGISTRATION FORM

To be completed and signed by **ALL PARTICIPANTS**

NOTICE: For any camp over 72 hours (three days), The Colorado Department of Social Services requires a statement be attached to this form confirming a health screening or physical signed by a physician or nurse practitioner performed in the last twelve (12) months prior to camp.

Date(s) of camp session _____ to _____ Male____ Female ____
Participant's Name _____ Birth Date _____ Age _____
Address _____
City _____ State _____ Zip _____

If participant is under 18 complete the following information:

Father's / Guardian's Name _____
Place of Employment _____
Day Time Phone (____) _____ Mobile Phone (____) _____
Employment Address _____ City _____ State _____ Zip _____
Home Address (if different from above) _____
Home Phone (____) _____ Work (____) _____
Mother's / Guardian's Name _____
Place of Employment _____
Day Time Phone (____) _____ Mobile Phone (____) _____
Employment Address _____ City _____ State _____ Zip _____
Home Address (if different from above) _____
Home Phone (____) _____ Work (____) _____
Individual(s) authorized to take child from camp (if applicable)
Name _____ Mobile Phone (____) _____
Address _____ City _____ State _____ Zip _____
Camp activities which you do not wish your child to participate in:

HEALTH HISTORY (all participants MUST complete this section)

Is this camper allergic to any food, plants, or medications? Yes No

If yes, please list allergies and describe reaction _____

Describe any special diet which the camper must follow _____

Physician prescribing special diet _____

Please notify Ponderosa at least one week in advance for any special dietary needs.

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Immunization Records: If under 18 - Attach a copy of certificate of immunizations.

Complete the following with dates:

Tetanus _____ Flu Shot _____ Pneumonia Shot _____

Please list all communicable diseases that your child has been in contact with in the last 2 weeks (i.e. common cold, pink eye, strep throat.) _____

Check if you/your child has or had the following and note most recent date:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Surgeries and Dates _____ |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Measles | <input type="checkbox"/> Follow Up Care needed at camp _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Health Concerns for altitudes over _____ |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Health Concerns for altitudes over 7000 feet _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Nosebleeds | |
| <input type="checkbox"/> ADHD | | |

ALL MEDICATIONS, PRESCRIBED, OVER THE COUNTER, AND VITAMIN SUPPLEMENTS MUST BE TURNED IN TO THE CAMP NURSE, IN ORIGINAL CONTAINER UPON ARRIVAL AT CAMP !

Medications to Be Administered at Camp: Please list all - Medications must be kept in the original container that identifies the camper's name, pharmacy, prescribing physician, name of the medication, dosage, and frequency of use. Medication will be administered as prescription states on the bottle. Due to state regulations, all camper medications must be kept in the nurse's facility.

Please list all medications clearly. Use back side of this form for additional medications.

Medication: _____ Dosage _____

Hours to be given: _____

Reason for medication: _____

Medication: _____ Dosage _____

Hours to be given: _____

Reason for medication: _____

Over the counter medications are stocked at Ponderosa and used to manage common illnesses or injuries. These medications are dispensed by licensed health personnel as directed by standing orders signed by Ponderosa's supervising physician. **DO NOT SEND MEDICATIONS WITH YOUR CHILD. THEY WILL NOT BE ALLOWED TO KEEP THEM IN THEIR LODGING OR ON THEIR PERSON.**

Please initial by each over-the-counter medication your child is allowed to receive.

- | | |
|---|---|
| <input type="checkbox"/> Tylenol _____ | <input type="checkbox"/> Imodium _____ |
| <input type="checkbox"/> Ibuprofen _____ | <input type="checkbox"/> Hydrocortisone _____ |
| <input type="checkbox"/> Allergy Medication _____ | <input type="checkbox"/> Saline Eye Wash _____ |
| <input type="checkbox"/> Cough Syrup _____ | <input type="checkbox"/> Midol (cramp medication) _____ |

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In an event of an emergency or deemed necessary by the health care professional, your child will be taken to Memorial North Hospital in Colorado Springs unless otherwise noted.

Hospital of Choice (if Memorial North is not acceptable)

Family Physician _____ Phone (____) _____
Address _____ City _____ State _____ Zip _____
Date of Last Physical Examination _____

Emergency Contact Information (please list in order of priority)

Name _____
Relationship to Camper _____
Day Time Phone (____) _____
Mobile Phone (____) _____
Name _____
Relationship to Camper _____
Day Time Phone (____) _____
Mobile Phone (____) _____
Name _____
Relationship to Camper _____
Day Time Phone (____) _____
Mobile Phone (____) _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE (DHS 7.711.61,A 9)

I hereby give my permission to Ponderosa to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for myself/child _____ should an emergency arise. It is understood that Ponderosa will make a conscientious effort to locate the emergency contacts listed on the registration form when any action is taken .If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Participant's Signature _____

If under 18, Parent/Guardian Signature _____

Date _____ Relationship _____

INSURANCE INFORMATION

Please provide information concerning any insurance benefits for which your child is eligible.

Insurance Carrier _____
Policy # _____

Ponderosa provides a limited accident reimbursement program to registered guests participating in sponsored activities. Any applicable claims must be submitted to the Ponderosa office.

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PHOTO RELEASE AUTHORIZATION

The signature below authorizes Ponderosa Retreat Center and assigns the worldwide rights to use, publish or reprint in whole or in part, any statement, picture, video/film, endorsement, quotation or other material while at Ponderosa Retreat Center.

The Undersigned acknowledges that the permission granted herein is non-revocable, and that no further payment or acknowledgement is due therein.

PARENT/GUARDIAN SIGNATURE

Date

PONDEROSA
RETREAT & CONFERENCE CENTER

RECREATIONAL ACTIVITY RELEASE AND WAIVER FORM

THIS FORM **MUST** BE COMPLETED BY **EVERY GUEST** (DAY OR OVERNIGHT) PARTICIPATING IN ANY RECREATIONAL ACTIVITY. THIS INCLUDES **EVERY** ADULT, CHILD, OR YOUTH. FORMS **MUST** BE SUBMITTED TO THE PONDEROSA GUEST RELATIONS OFFICE **UPON ARRIVAL** TO PARTICIPATE. DUE TO CAMP POLICIES, THERE WILL BE **NO EXCEPTIONS**.

GROUP NAME: _____

PARTICIPANT'S NAME: _____ AGE: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CELL PHONE: _____ E-MAIL: _____

INSURANCE CO: _____ PHONE #: _____

GROUP # _____ POLICY #: _____

EVERY PARTICIPANT MUST SIGN BELOW:
(Parents must sign for minors under 18 years of age.)

1. Ponderosa is in a wooded area. Animals do live here in their natural habitat. Do not feed or provoke the animals. Proper shoes and clothing should be worn to prevent injury while hiking the trails and participating in activities. The roads and paths are dirt with some gravel. Parking is limited. We have limited lighting at night. There are multiple groups on camp simultaneously.

2. I hereby release, waive, indemnify, hold harmless, and forever discharge Ponderosa Retreat and Conference Center and the Colorado Baptist General Convention, Ponderosa's management committee, their agents, employees, officers, directors, affiliates, successors, assigns, representatives, volunteers, attorneys, and insurance companies of and from any and all claims, demands, debts, contracts, subrogation interests, liens, expenses, causes of action, liabilities, lawsuits, and damages of every kind and nature whether known or unknown, in law or equity, that I have ever had, or may have arising from or in any way related to my participation in any activities and/or use of the Ponderosa Retreat and Conference Center and its facilities and equipment. This Release and Waiver Form specifically includes the immunity from liability statutorily provided for volunteers and volunteers assisting organizations and activities for young persons in C.R.S. §§ 13-21-115.5 and 13-21-116.

3. I understand that some of the activities that I may participate in at the Ponderosa Retreat and Conference Center may be inherently dangerous and may cause serious injuries, including bodily injury, damage to personal property, and/or death sustained by me. On behalf of myself and my heirs, I waive all claims for damages, injuries, and/or death sustained by me or to my property that I may have against all of the aforementioned released parties and entities with respect to any such activities at the Ponderosa Retreat and Conference Center. Due to the potentially dangerous nature of these activities, safety equipment is mandatory and must be worn at all times.

4. My participation in any program or activity at the Ponderosa Retreat and Conference Center is completely voluntarily. Therefore, I assume all risks associated with the Ponderosa Retreat and Conference Center, both foreseeable and unforeseeable, including in particular, but not limited to, the natural surroundings of Ponderosa, all activities engaged in, and equipment used while at the Ponderosa Retreat and Conference Center. I hereby take

full responsibility for any injuries, damages, or death which may occur at the Ponderosa Retreat and Conference Center, including, but not limited to, any failures to wear mandatory safety equipment.

5. As I wish to be accepted for participation in Ponderosa's Challenge Course, Paintball Field, Skate Park, Inflatable Activities, and/or Tubing Hill and in consideration for allowing me to participate in these programs, I acknowledge that certain risks, injuries, and dangers may occur while participating in these activities. These include, but are not limited to, the hazards of depending on other people, being at various heights (ground to 40'), accidents or illnesses in remote places with limited medical facilities, the forces of nature, marks and bruises on one's person from paintball, and failures to wear mandatory safety equipment. I further recognize that other risks may occur, including accidents, injuries, and emotional distress resulting from these activities. I understand that I will be exposed to the elements of nature. I also understand that, in the event of a medical emergency, medical treatment and/or hospital facilities may be up to an hour away.

6. For minors under age eighteen (18), by signing hereunder, the parents, guardians, and/or legal representatives of the minors hereby execute this Release and Waiver Form on the behalf of the named minor, and hereby agree to all terms and conditions of this Release and Waiver Form, including in particular paragraph 2 of this Release and Waiver Form, as permitted C.R.S. § 13-22-107.

7. Ponderosa Retreat and Conference Center is not responsible for lost or stolen items. Any item found will be kept for no more than two weeks. Ponderosa cannot be responsible for returning items.

8. I hereby give my permission for the Ponderosa Retreat and Conference Center to obtain medical treatment for me as necessary, and/or my minor child as necessary.

9. I have read, understand, and fully agree to the terms of this Release and Waiver Form. I understand and confirm that by signing this Release and Waiver Form, I have given up considerable present and future legal rights. I have signed this Release and Waiver Form freely, voluntarily, under no duress, without inducement, promise, and/or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional Release and Waiver Form of all liabilities to the full extent of the law.

Printed Name of Participant

Printed Name of Parent or Guardian

Signature of Participant

Signature of Parent or Guardian

Date of Signature

OFFICE USE ONLY - Date of Receipt

PONDEROSA RETREAT & CONFERENCE CENTER

is a Ministry of the Colorado Baptist General Convention.

719-481-2482

VisitPonderosa.com

PARAMOUNT STUDENTS

MEDICAL RELEASE AND INDEMNITY AGREEMENT PARENTAL PERMISSION FORM + PHOTO PERMISSION FORM

This form is valid for all Paramount Baptist Church Youth Ministry events during the year January 2019 - December 2019.

We, the undersigned, DO HEREBY RELEASE, PROMISE TO SAVE HARMLESS AND PROMISE TO INDEMNIFY Anthony Watt, Paramount Baptist Church of Amarillo, Texas, and all adult sponsors of or for the Paramount Baptist Church (hereafter referred to as "INDEMNITIES" for and from any liability whatsoever for any injury, damage, accident, misfortune or death sustained by the undersigned minor during the aforementioned trip.

We the undersigned, further agree to hold the aforementioned INDEMNITIES harmless and to INDEMNIFY the same from any liability whatsoever resulting from any decision they, in their discretion, shall make, or any accident, injury, damage, death, or misfortune which might occur to the undersigned minor in connection with any activity, trip, event, or function involving or during the aforementioned trip sponsored by Paramount Baptist Church.

This agreement is given in consideration for the supervision and discipline to be provided on our behalf by said INDEMNITIES plus other good and valuable consideration.

Further, we hereby appoint Paramount Baptist Church of Amarillo, Texas and/or Anthony Watt and/or any adult staff to act in my (our) place in the place in the event said minor should require medical attention during this trip. This appointment is for the purpose of securing benefits for the health and welfare of said minor and expressly includes the authority to sign releases to physicians who may render medical care and services. We promise to assume liability for payment for all such professional services, and to reimburse the Paramount Baptist Church for any expense that may be incurred for treatment, care, drugs, and other services for said minor.

If the undersigned minor's behavior is such that it endangers the welfare of others, Paramount Baptist Church or its adult sponsors have our permission to send said child home or to exercise such non-corporal discipline as they deem appropriate. If said child is sent home, I further agree to pay the transportation costs for the trip home.

This agreement shall be construed according to and governed by the laws of the State of Texas. All of the sentences, phrases and provisions of this agreement are distinct and severable, and if any clause, phrase or sentence shall be deemed illegal, void or unenforceable, it shall not affect the validity, legality or enforce ability of any other clause or portion of this agreement. It is expressly understood that any reference to "trip" contained herein includes not only travel time, but also all activities, functions, or periods of time for any duration between travel plus all periods of time when said minor is under the custody, control or direction of said "INDEMNITIES".

WE HAVE READ THIS AGREEMENT IN ITS ENTIRETY. This agreement was signed in Randall County, Texas.

Date: _____ Minor's signature: _____ Date of Birth: _____

Parent/Guardian/Participant over 18's signature: _____ Date: _____

Please check one: I/We grant permission for any video/photo/image that includes this student (with or without any other personal identifiers) to be published on the church's website, FaceBook page, or other print or online publication. ☐ Yes ☐ No

NEED COMPLETE INFORMATION (Especially Insurance Information)

Participant's Name: _____ Medical Insurance Company: _____

Home Address: _____ Insurance Policy Number: _____

Home Phone: _____ Insurance Co. Address: _____

Parent Cell Phone: _____ Insurance Co. Phone: _____

Person to contact in case of emergency _____ Relationship: _____

Emergency Contact Phone Numbers: (home) _____ (cell) _____

Indicate date of last tetanus shot _____

List any physical limitations (allergies, etc.). If none, please indicate _____

List any medications taken regularly. If none, please indicate: _____

I give permission for my student to be administered the following over-the-counter medications as needed according to recommended dosing instructions: ☐ Tylenol ☐ Ibuprofen ☐ Benadryl ☐ Dramamine

(All other medications should be supplied by the parents and brought in original containers)