



TVR CHRISTIAN CAMP & RETREAT CENTER

P.O. BOX 10, PLUMTREE NC 28664 • 828.765.7860 • 828.765.0690 FAX • INFORMATION@TVR.ORG

SUMMER CAMP RELEASE FORM 2017

Guest Name _____ Phone _____

First Middle Last

Gender: Male Female Age: _____ School Grade Next Fall _____

Address _____

Street City State Zip Code

(For Summer Camp)

Name of Group (if applicable) _____

Week: June 12-17 June 19-24 June 26 - July 1 July 10-15 July 17-22 July 24-29 July 31 - August 5
Please Circle One

I would like to room with: #1 Choice _____ #2 Choice _____

T-Shirt Size: S M L XL XXL (adult sizes only)

PARENT INFORMATION FOR GUESTS UNDER 18

Parent/Guardian Name _____

First Middle Last

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Name of Additional Emergency Contact _____ Relationship _____

Name of Person(s) Authorized to Pick Up Camper _____

INSURANCE INFORMATION

Is guest covered by family medical/ hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Policy Holder's Name _____ Relationship to guest _____

Effective Date of Coverage _____

*** Please photocopy the front and back of health insurance card and staple it to this form ***

IMPORTANT MEDICAL AND ALLERGY INFORMATION

Please check all medications your child is allowed to receive from TVR personnel.

_____ Acetaminophen (Tylenol) _____ Ibuprofen (Advil, Motrin, etc) _____ Antihistamines (Benadryl, etc.)

_____ Cold Medicine _____ Antacids (Tums, etc.) _____ Anti-Diarrheal (Imodium, etc.)

_____ Cough Drops

Date of last tetanus shot _____

1. Does your child have any allergies related to food, medicine, insect bites, etc. in which we need to be notified? Circle: YES NO

2. Does your child have any health conditions such as heart conditions, asthma, diabetes, etc. in which we need to be notified. Circle: YES NO

If YES, please attach detailed explanation and treatment information to the front of this registration form.

MEDICATIONS

Please list all medications (including non-prescription drugs) taken routinely. Bring enough medication to last during entire stay at camp. Keep medication in original packaging/bottle that identifies the name of the medication, the dosage, and the frequency of administration.

****Please do not send over-the-counter medications with your child since we stock these items routinely as part of our medical supplies. Also, due to the high volume of medications received during summer camp, we ask that you not send any unnecessary vitamins, supplements, etc to be dosed.**

Med #1 _____ Dosage _____ Specific times taken each day _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Please read carefully. This section must include guest or parent/guardian signature.

EMERGENCY MEDICAL RELEASE AND CAMPER AGREEMENT

WE DO NOT REQUIRE NOTARIZED FORMS

1. I/we hereby give permission for my/our child, who is a minor, to attend TVR Christian Camp and to fully participate in the activities offered for his or her age group. In the event of an emergency or sickness, I/we authorize TVR Christian Camp to secure medical treatment for my/our child, to be administered by authorized agents or agencies, as designated by TVR.
2. I/we authorize TVR Christian Camp to administer those medications to my/our child which is indicated by a checkmark on the front side of this form according to the prescribed directions for each. If spaces are left blank, TVR **WILL NOT** dispense that particular medication unless a physician or parent/guardian is contacted for approval.
3. I/we agree to allow TVR Christian Camp to use any photographic image or video taken of named camper for promotional/marketing purposes. *For safety there will be no names or information given about the individuals or groups in the photos.*
4. I/we understand payment for medical bills for my/our child is my/our responsibility and the camper's family insurance plan is responsible for injuries and/or sickness at camp. **TVR does NOT require that a guest be insured while at camp.** We do offer an optional accidental insurance plan through Standard Life and Casualty Insurance Company, which may reduce some of the expenses in the event of an injury to your child (sickness is excluded). Coverage is explained on the separate application from Standard Life (your group leader should have a copy of this form). The cost is \$6.00 for children through 18 years old. **IMPORTANT: Insurance application and a separate check made payable to TVR must be sent directly to TVR 30 days prior to attendance at TVR.** Please send insurance application and check directly to P.O. Box 10, Plumtree, NC 28664. If you have any questions, please call TVR at (828)765-7860.
5. **I/we agree to waive and release TVR Christian Camp, its employees and volunteers from any claim or cause of action that might arise on behalf of myself/ourselves or my/our child as a result of his or her participation in this event. Furthermore, I/we agree to assume all responsibility for my/our child's actions, including, but not limited to, the cost of repair or replacement for items damaged by willful abuse of my/our child and /or transportation costs, should it become necessary for my/our child to be sent home for medical or disciplinary reasons prior to the conclusion of this event.**

By signing below, I (guest or parent/guardian of guest under 18) agree and consent to all above stated.

Name of Parent or Legal Guardian _____

Signature _____ Date _____