



Name of Trainee _____
 Name of Church or Organization trainee is attending with (if any) _____
 Date of Birth _____ Age _____ Gender _____
 Parent or Legal Guardian _____ Phone: (____) _____
 Physical Address _____
 City _____ State _____ Zip Code _____ Parent's E-Mail _____
 Emergency Contact _____ Relationship _____
 Physical Address _____
 City _____ State _____ Zip Code _____

Medical Information:

* Please list any information that would be important to know in case of an emergency: (Allergies, current medications, present conditions, recent surgeries, etc.) _____

* Any other information we may need to know about:

Physical Activity Release:

Life Guard Training activities include, but are not limited to, hiking and swimming, activities. There are risks of physical injury or harm from participating in adventure activities. I voluntarily elect to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Thousand Pines, its officers, employees, and agents from all liability for any injury or harm to me (or my minor) from participating in the said activities. Parent/Guardian will be notified in the event of serious injury or sickness, or minor injury or sickness. *I also authorize Thousand Pines to transport my child to and from activities that may take place away from Thousand Pines. In addition, I give Thousand Pines permission to search a trainee's belongings, with the trainee present, when the health, well-being, or safety of the trainee or others requires it.* I further release the use of my likeness, voice, and words in video, film and print to Thousand Pines. I have read and understand this release of liability.

Consent for Medical Treatment:

The undersigned do hereby authorize the Directors of Thousand Pines, as agents for the above named trainee, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act or any dentist under the Dental Practice Act, at a hospital or elsewhere. Thousand Pines is authorized to make decisions concerning the health and general welfare of a minor or if camper is unable to make a decision due to serious injury or illness. I give permission to the medical personnel selected by the camp Director to provide routine health care, to administer medications, to release any records necessary for insurance purposes, and to provide or arrange necessary transportation for my child or myself. This authorization will remain effective while the above minor is in the care of the above agents for an indefinite period unless otherwise revoked in writing by the undersigned and delivered to the *Pepto-ismol, Immodium AD, Ibuprophen, Calamine or Cortaid will be administered according to directions on the container (do we need to change the type of med or leave as is.)* to the above-mentioned minor at the direction of the Directors of Thousand Pines or their Health Care representatives with the following exceptions:

None or Listed _____

Parent/Guardian Signature _____ **Date** _____
(If you are over 18, you may sign for yourself)

Please send your completed registration form to:
Thousand Pines Conference Center PO Box 3288 Crestline, CA 92325 – Fax 909.338.3511