

Children's Camp at Camp Tejas 2014 Registration Form

Monday-Friday, July 28 - August 1, 2014

Please print clearly. **Complete all information.** One form per camper.
Registration is complete when the registration form and
Camp Tejas Guest Medical and Release Form is
turned in with your non-refundable deposit.

All fees and forms must be received by Sunday, July 13, 2014.

Camper Name _____ Date _____

Address _____ City _____

State _____ Zip _____ Email _____

Grade Completed _____ Date of Birth _____ Age _____ Please Circle: Boy Girl

Parent/Guardian's Name(s) _____

Home Phone _____ Work Phone _____ Cell _____

Camper from your grade you wish to bunk with: _____
(We will do our best to accommodate this request, but we cannot guarantee that they will bunk together.)

Does camper have any limitations/special diet/allergies? _____

Please Circle T-Shirt Size: Youth Small Youth Medium Youth Large
Adult Small Adult Medium Adult Large Adult X-Large

How can we pray for your child prior to camp? _____

I understand that pictures will be taken at this event and placed on the Camp Tejas website. (Names will not appear with any pictures.) I give the church my camper is registering with permission to use my child's name, photograph, or video image for publicity purposes. **Please Circle: Yes No**

I understand that there will be designated camp nurses for Camp. In the event my child may need first aid/medical attention, I give my consent for over the counter first aid products and/or medications to be given by the camp nurse. Also, I authorize medical attention for my child/ward should an emergency arise, provided I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary medical treatment. **Please Circle: Yes No**

Physician's Name _____ Physician's Phone _____ Insurance Provider _____

Parent Signature _____

If paying by credit card go to
www.gracepoint.org/camptejas

FEES: \$375 (\$360 Early Registration)

Deposit (non-refundable)	\$ 75.00
Remaining Fee (registered before May 1st)	\$ 285.00
Remaining Fee (registered after May 1st)	\$ 300.00
Total Enclosed	\$ _____
Balance Due	\$ _____

CAMP TEJAS
GUEST MEDICAL AND RELEASE FORM - SUMMER CAMP

NAME(S) AND CONTACT INFORMATION

MAIN GUEST NAME: _____ DOB: _____ M or F: _____

All Other FAMILY MEMBERS attending the SAME CAMP SESSION with the MAIN GUEST:

OTHER GUEST NAME: _____ Relation to Main Guest: _____ DOB: _____ M or F: _____

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OTHER GUEST NAME: _____ Relation to Main Guest: _____ DOB: _____ M or F: _____

OTHER GUEST NAME: _____ Relation to Main Guest: _____ DOB: _____ M or F: _____

ADDRESS: _____ Email: _____

STREET

CITY

ZIP CODE

Please notify in case of emergency:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

MEDICAL ATTENTION

I, my child and/or my family (herein known as the "Guest") will be attending a retreat at Camp Tejas on the dates of July 28 - August 1, 2014 under the supervision of Grace Point Church (herein known as the "Sponsoring Organization"). I hereby authorize Camp Tejas and/or the Sponsoring Organization to make arrangements for or give any medical attention to the Guest, emergency or otherwise, that is deemed necessary under the circumstances by the sole discretion of Camp Tejas and/or the Sponsoring Organization. I hereby give permission to the physician selected by Camp Tejas and/or the Sponsoring Organization to hospitalize and/or secure proper treatment as the physician may deem appropriate. I further understand that medical treatment may be several minutes away in the event of a medical emergency.

SIGNATURE OF GUEST OR LEGAL GUARDIAN OF GUEST if Guest is under 18 years old

DATE

RECREATIONAL ACTIVITIES

The proposed activities provided by Camp Tejas and/or the Sponsoring Organization (herein known as the "Recreational Activities") require participation in physical exercises which are physically demanding. Many of the activities will challenge the Guest and cause surges in blood pressure and pulse rates. **It is imperative that the Guest is free of any diseases or injuries, heart related or otherwise, which might create undue risks to themselves and/or to any other participants.** The Recreational Activities provided by Camp Tejas and/or the Sponsoring Organization may include, but are not limited to, the following list; indoor and outdoor games, boating, fishing, swimming, lake trapeze swing, lake zip line, challenge course activities, and climbing wall activities. The climbing wall activities include climbing a 50' climbing surface and zipping off a 50' climbing tower. All Guests participating in the Recreational Activities may be exposed to the elements of nature, including temperature extremes and inclement weather.

CURRENT MEDICAL CONDITION

I certify that the Guest is in good health, physically and mentally, to the best of my knowledge and from past health examinations for the participation in the Recreational Activities.

List any medical concerns including allergies:

SIGNATURE OF GUEST OR LEGAL GUARDIAN OF GUEST if Guest is under 18 years old

DATE

ASSUMPTION OF RISK AND RELEASE

I hereby acknowledge that during the Guest's voluntary participation in the Recreational Activities, that certain risks and dangers may occur due to accidents, which include, but are not limited to, the hazards of depending on other people, being at various heights (ground to 50'), activities in remote places without medical facilities, the forces of nature, loss or damage to personal property, physical and/or mental injury, not excluding fatality. I hereby assume all mentioned risks and those which are not specifically foreseeable, and **will hold Camp Tejas, including its staff and Board of Directors, and the Sponsoring Organization harmless from any and all liability**, claims and demands of every kind whatsoever, whether for bodily injury, property damage or otherwise, which may arise from or in connection with the Guest's participation in any activities arranged by Camp Tejas or the Sponsoring Organization.

SIGNATURE OF GUEST OR LEGAL GUARDIAN OF GUEST if Guest is under 18 years old

DATE