

Community of Christ

EVENT REGISTRATION FORM

For each participant

Registrant's Name _____ Date of Birth _____

Address: _____

Registrant Information:

Email Address: _____

Phone (cell or home): _____

Name of Event, Date, and Location: _____

Special Needs? _____

Dietary Needs? _____

Parent/Legal Guardian Name _____

Phone Number: _____

Email Address: _____

Who is allowed to pick your child up from camp? _____

Emergency Contact Name: _____

Phone Number: _____

Email Address: _____

Where are you staying while at camp? (RV, Tent, Cabin?) _____

If cabin, do you have a preference and who do you want to stay with? _____

How many days will you be staying at camp? If it's only a few days, what days will you be there? _____

Do you have a roommate preference? If so, who? _____

What congregation do you attend regularly? _____

While everyone will be helping out at camp, are you willing to help in other ways? (Teach a class? *(All people working with youth must be a Registered Youth Worker.)* Teach music? Crafts? Afternoon activities? Evening activities? Campfire leader? Campfire builder? Available to plan worships? Available to help out in worships? Other? If “other,” please name.)

Checklist for Reunion:

- Registration for each participant sent to Penny at below address?
- Copy of insurance card
- Payment made by check to Penny Young or paid by PayPal at www.campredcliffe.org
 - Make check out to “Community of Christ”
 - Adult week prices are \$110
 - Children week prices are \$50
 - Day fee is \$20
 - Late fee (after June 15) is an extra \$20
- A copy of medical history filled out
- A copy of Camper Registration Agreement signed
- If you need help figuring out how much you owe for reunion, please use the excel spreadsheet that is on the website at www.campredcliffe.org or contact Carla Long at clong@cofchrist.org for help

Please print, fill out, and sign all documents and send a paper copy to:

**Penny Young
2747 Craig Dr.
Salt Lake City, UT 84109**

OR email them to:

Penny.young@att.net

Camper Registration Agreement

Consent to Medical Treatment-As the Registrant, or if under the age of 18 (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), the parent or legal guardian of the Registrant listed on this form, I give permission to Community of Christ to transport the Registrant to a physician or hospital and hereby authorize medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. Community of Christ personnel may administer prescription medication as needed during the Event, and I agree that if the Registrant has an illness on the day the Event begins that could be harmful to him/her or others, he/she will not be allowed to begin the Event.

Consent to Participate in Event Activities-As the Registrant, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), specifically consent to the participation in all activities offered at the Event. Any activities to which I do not consent are listed here:

Waiver and Release of Liability-In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), hereby release, forever discharge and agree to hold harmless Community of Christ and its affiliated organizations, lessors, lessees, officers, representations, subordinate units, contractors, campgrounds Event directors, staff, priesthood, agents, volunteers, participants, and employees thereof from any and all damages (including consequential damages), liability, claims, judgments, penalties, obligations, fines, causes of action, demands, losses, costs, and expenses (including without limitation reasonable attorneys' fees and court costs) for person injury, sickness or death based on ordinary negligence, as well as property damage and expense of any nature whatsoever which may be incurred by the parent/guardian and the Registrant occurring while the Registrant is participating in the Event or arising thereafter, and further agree to hold harmless and indemnify said organizations and their lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees for any liability sustained by them as the result of the negligent, willful or intentional acts of said Registrant during the Event, including expenses incurred attendant thereto.

Photo Release-In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), hereby give consent to and authorize the taking of photographic, audio or video recordings in which the Registrant may appear; and hereby waive all right of privacy in and to any of the said pictures or tapes and authorize the use of the recordings by Community of Christ for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

Event Rules-Possession of fireworks, firearms, fixed or switched blade knives (except under supervision by Event staff), any other weapons, alcohol, tobacco products, marijuana, illegal drugs or other controlled substances or their imitations are strictly forbidden. Additional Event Rules are attached and incorporated by reference to this agreement.

Statement of Consent and Release-I, the undersigned, have read and consent to the rules, guidelines and release specified in this form. I have read, understand, and agree to abide by the Event rules.

If Registrant is under 18 years of age, please have parent/guardian sign name.)

Please Print Name

Medical History

Please answer yes or no to each of the statements. If yes, please provide more information in the space provided.

Are you allergic to any foods, latex, medications, etc?

Are you presently under a physician's care for any acute/chronic medical condition?

Are you currently taking any medications? (Please list all mental health and/or physical conditions, if any.)

Have you recently been exposed to a contagious disease or illness?

Do you have any special dietary needs?

Family Physician Name: _____

Family Physician Phone Number: _____

Please attach a copy of a current health insurance card which covers the Registrant.