

**Fir Point Fall Retreat
Registration & Medical Form**

**November 5-7th
6-12th Grade
Cost: \$75**

Camper Name _____ Male () Female ()
Birthdate ____ / ____ / ____ Age ____ Grade ____
Parent(s)/Guardian(s) _____
Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____ - _____ Work/Cell Phone (_____) _____ - _____
Email _____ Home Church _____
Cabin Mate Choice (Choose ONE) _____

Parent/Guardian Agreement

I, _____ (please print) the undersigned parent/guardian, submit this information in order that my child may attend this retreat at Fir Point Bible Conference. I have made myself aware of the nature and extent of activities and represent to you the participant will be physically and mentally able to participate. I agree that should it be necessary for my child to return home due to medical reasons or disciplinary action, I will hereby assume all transportation costs. I understand this is an interdenominational Christian event and will have a spiritual emphasis. I give permission for Fir Point to use any photo or video of my family in publications. I release my right to any kind of remuneration for said photos or videos. I, as parent/guardian, understand that every activity for youth does present a risk of injury or even death, rare as that may be, and I have advised the participant of those possibilities. I and the participant assume the risk and hold you, your agents, employees, and representatives harmless for any liability to any other person or entity arising as a result of the conduct of the participant in this activity. I also agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

Parent/Guardian Signature _____ Date ____/____/____

Printed Name _____

Camper Name: _____ **DOB:** ___/___/___

Emergency Contact Info

Emergency Contact _____ Relationship _____

Primary Phone # (_____) _____ - _____ Secondary Phone # (_____) _____ - _____

Physician & Insurance Information

Doctor's Name _____ Phone # (_____) _____ - _____ Preferred Hospital _____

Health Insurance Provider _____ Policyholder _____

Group ID # _____ Policy # _____

Medications

All medications (including "over-the-counter" meds) must be turned into the camp medic at registration. No medications will be distributed without its ORIGINAL container. If additional space is required, please use the back of this form.

Medicine: _____ Dose: _____ Condition: _____

Instruction: _____

Medicine: _____ Dose: _____ Condition: _____

Instruction: _____

Health History

Health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If space is insufficient, please use the back of this form.

Severe reactions to food, bee stings? _____ If yes, please explain _____

Restrictions of activity due to disability or for medical reason? _____ If yes, please explain _____

Do you have any allergies? _____ If yes, please explain _____

Any special diet needs? (diabetic, food allergies, etc.) _____ If yes, please explain _____

Other medical conditions the camp staff should be aware of? _____ If yes, Please explain _____

Medication Permission

Please check all medicines which you give the nurse permission to administer

Acetaminophen / Tylenol () Ibuprofen / Motrin () Mylanta () Antacid / Rolaids () Benadryl ()

Throat Lozenges () Neosporin () Hydrocortisone Cream () Calamine / Caladryl () Topical Anesthetic ()

Are you allergic to any medication? _____ If yes, please explain

Covid-19 Questionnaire (To be completed by camp nurse upon arrival to camp)

Has anyone in your home tested positive for covid-19 within the last 14 days? (Please check yes or no)

Yes _____ No _____

Has your child displayed any of the symptoms listed below within the last 14 days? (please indicate by writing yes or no in the space provided).

Dry Cough _____ Fever / Chills _____ Loss of Taste / Smell _____

Shortness of Breath / Trouble Breathing _____ Headaches _____ Muscle or Body Aches _____

Diarrhea _____ Nausea or Vomiting _____

Documented Temperature _____ Date: ____/____/____

Other Medical Information

Emergency and Liability Release

The health information recorded on this form is correct as far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand all activities are completely voluntary. I recognize the inherent risk of injury in all scheduled camp activities. I understand that Fir Point has taken proper safety measures, including having certified nursing staff on site, making every effort to aid the safety of all campers. However, I recognize that Fir Point cannot ensure or guarantee the participants, equipment, grounds, and/or activities will be free of accident or injuries. I am aware of (or have instructed my minor child) the importance of knowing and abiding by the camp rules and regulations, and I voluntarily waive any liability claim against Fir Point and camp personnel for damages, attorney fees, or expenses arising out of, or in connection with, any activities of the above organization. I understand transportation to and from camp (and any liability thereof) is the responsibility of myself or my minor child, and not of Fir Point. I hereby grant permission for my child to receive first aid and emergency treatment by the camp medic in the event of illness or injury, or by the hospital emergency room in case I cannot be reached immediately. This completed form may be photocopied to have a set available for transportation records and for the Fir Point office.

Parent/Guardian Signature _____ Date ____/____/____

Printed Name _____

***Please return completed and signed registration and
medical form to Kenny by November 1st***

***Send them to: 760 Fir Point Ln. Glendale, OR. 97442
Or scan and send as an email attachment to
kennyg@infaith.org***

***Camp will begin at 4pm on Friday the 5th,
and conclude at 2pm on Sunday the 7th.***

***Got Questions? Visit our website at www.firpoint.net
or call Kenny Gray at 503-442-9058***

Thank You and God Bless!