

Summer Camp Application

Fax completed form to 443-712-1015 OR

Print and mail to 4443 Grave Run Rd., Manchester, MD 21102



Camper's Last Name *First Name* *Middle Initial*

Grade Completed (as of June) *Birth Date* *Gender*

Street Address

City *State* *Zip Code*

Home Phone # *Cell/Work Phone #*

Email Address *Roommate Request (choose one)*

Parent/Guardian Full Name *Spouse's Name*

Person Authorized to Pick-Up Camper *Relation to Camper*

PROGRAM CHOICES (write camp program name & week #)

1st Choice _____ **2nd Choice** _____

MEDICAL HISTORY (Please mark all of the following that apply to this camper)

- | | |
|---|--|
| <input type="checkbox"/> Contacts/Glasses | <input type="checkbox"/> Previous Hospitalizations or Surgeries |
| <input type="checkbox"/> Hard of Hearing/Deaf | <input type="checkbox"/> Chronic or Recurring Illness (not previously listed) |
| <input type="checkbox"/> Recent Head, Back, or Neck injury | <input type="checkbox"/> Emotional, Social, Learning, or other Mental Health Concerns (ADHD, Anxiety, Depression...) |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Issues related to sleep (insomnia, night terrors, bed wetting...) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Activity Restrictions |
| <input type="checkbox"/> Existing Heart Conditions | <input type="checkbox"/> Other Concerns not previously listed |
| <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Diarrhea, Constipation, or GI issues | |
| <input type="checkbox"/> Skin Conditions | |
| <input type="checkbox"/> Joint Problems (recent or chronic) | |

If 'Yes' to any of the above, please explain:

- Allergies (non life-threatening environmental, medication, food)
- Severe or life-threatening FOOD allergies*
- Other Severe or life-threatening allergies

Please list the allergen and describe the allergic reaction:

**You must fill out an Epinephrine auto-injector form if needed. If your child requires food substitutions for what is on the menu, you must contact the Food Services Director at least 2 weeks before the camp session to place an order for menu options: chef@rivervalleyranch.com*

Will your child bring sunscreen to camp with them? Brand: _____ **YES** **NO**
 I authorize RVR staff to assist my child in applying sunscreen if needed. **YES** **NO**
 If my child's sunscreen is unavailable, I authorize the use of sunscreen at RVR. **YES** **NO**

The following list of medications may be administered on an as needed basis per standing orders from RVR's camp practitioner. Will be administered per package instructions for age/weight. **Any** medications **NOT** listed below require authorization from the participants primary care provider. Please mark any of the following medications you **DO NOT** authorize RVR staff to administer to your camper:

- | | | |
|--|---|--|
| <input type="checkbox"/> Tylenol (Acetaminophen) | <input type="checkbox"/> Cough Drop/Throat Lozenge | <input type="checkbox"/> Antiseptic Spray |
| <input type="checkbox"/> Advil (Ibuprofen) | <input type="checkbox"/> Antacid (Tums or Pepto-Bismal) | <input type="checkbox"/> Burn Gel with Lidocaine |
| <input type="checkbox"/> Aleve (Naproxen Sodium) | <input type="checkbox"/> Anti-Diarrheal | <input type="checkbox"/> Caladryl (anti-itch) |
| <input type="checkbox"/> Benadryl (Diphenhydramine) | <input type="checkbox"/> Simethicone (anti-gas) | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Sudafed (Pseudoephedrine) | <input type="checkbox"/> Allergy Eye Drops | <input type="checkbox"/> Chloraseptic Throat Spray |
| <input type="checkbox"/> Phenylephrine (decongestant) | <input type="checkbox"/> Analgesic (Anbesol/Orajel) | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Cough Suppressant/Expectorant | <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Hydrogen Peroxide |
| | <input type="checkbox"/> Anti-Fungal Cream | <input type="checkbox"/> Topical Muscle Rub |

If any of the following medications are taken on a regular bases, **BRING** to camp in original packaging:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cetirizine (Zyrtec) | <input type="checkbox"/> Levocetirizine dihydrochloride (Xyzal) | <input type="checkbox"/> Melatonin |
| <input type="checkbox"/> Loratidine (Claritin) | <input type="checkbox"/> OTC allergy nasal sprays (Flonase/Nasacort) | <input type="checkbox"/> Multivitamin |
| <input type="checkbox"/> Fexofenadine (Allegra) | <input type="checkbox"/> Stool-softener (Colace/Miralax) | <input type="checkbox"/> Lactaid |

Please indicate if your child is currently taking any medication (or will be) during camp. Please list below:

(NOTE: Must be accompanied by Medical Authorization form, signed by physician. Download at rivervalleyranch.com/camp-forms)

Medication: _____ Dose: _____ Route: _____ Frequency: _____ Reason: _____
 Medication: _____ Dose: _____ Route: _____ Frequency: _____ Reason: _____
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 Medication: _____ Dose: _____ Route: _____ Frequency: _____ Reason: _____

EMERGENCY CONTACTS (provide 3 emergency contacts)

_____	_____	_____	_____
<i>Name</i>	<i>Relation</i>	<i>Cell Phone</i>	<i>Other Phone</i>
_____	_____	_____	_____
<i>Name</i>	<i>Relation</i>	<i>Cell Phone</i>	<i>Other Phone</i>
_____	_____	_____	_____
<i>Name</i>	<i>Relation</i>	<i>Cell Phone</i>	<i>Other Phone</i>

IMMUNIZATIONS

Is camper a US resident? **YES** **NO***

**Campers coming from outside the US must have a copy of their immunization record, completed in or translated into English. Download at rivervalleyranch.com/camp-forms/*

Is participant exempt from immunizations because of parent/guardian objection or medical reasons?

List all immunization exemptions: _____

What was the month/year of the camper's last tetanus shot? _____

PHYSICIAN & INSURANCE INFORMATION

Does participant have a Primary Care Provider/Physician? YES NO

If 'NO', provide the name of the last physician or facility the participant was seen by, along with the phone number: _____

PCP/Physician Name _____ Phone # _____

Name of Insurance Provider _____

Claims Address _____

Claims Phone # _____

Policy Holder _____ Policy Holder's DOB _____

Policy # _____ Group # _____

MEDICAL RELEASE STATEMENT (please read & sign)

This health history is correct and complete as far as I know. The completed health information form may be printed/ photocopied for trips out of camp.

I agree that RVR, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to myself or my child, and/or anyone claiming on my or my child's behalf, and I further agree to hold harmless, indemnify and defend RVR, its officers, staff, agents, employees, trustees and volunteers for and from any and all liability, claims, losses, injuries, expenses, fees and/or damages arising out of any injury, illness or death to myself or my child or property damage during my or my child's attendance at RVR. The minor child herein has permission to engage in all camp activities as described on the activities waiver unless otherwise noted on the health information form. While RVR has safety protocols in place to manage allergen related issues, I understand that a minor with specific allergies or intolerances has a role and responsibility in the avoidance of the known allergen. I agree to educate my child, who has allergies or intolerances, to ask questions, read labels, or abstain from the substance in question when in doubt.

I hereby give permission to the camp to provide basic first aid, and administer prescribed medications as authorized by my child's PCP. I also give permission for RVR to administer camp stocked over-the-counter medications on an "as needed" basis, as indicated on the health form, and as directed by the camp practitioner. I give permission to RVR to seek emergency medical treatment including ordering x-rays or routine tests. In the event of an emergency, I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the practitioner selected by the camp to secure and administer treatment, including hospitalization, for my child.

I hereby authorize RVR's health officials to share health information and health history with the other staff members on a need to know basis. This includes the camp director, program directors, and counselors that have the minor in their care. The purpose of this disclosure is for the necessary staff to be prepared in advance for any medical emergencies. I agree to the release of any records necessary for insurance purposes. The health information that may be disclosed will be from the Health Information Form, Medication Authorization Form and Immunization Records. I authorize release of medical information to RVR's camp practitioner, for necessary treatment while attending camp. I also authorize the release of medical information from my child's PCP office to RVR if necessary. This authorization is valid for the summer of the year dated alongside signature below. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I also understand that this information is released to aid in the treatment and care of my child.

Parent/Guardian Signature _____ Date _____

PAYMENT WORKSHEET

You will receive an invoice after your registration form has been processed. This will confirm your registration.

DEPOSIT

- Minimum \$100 Non-Refundable Deposit. (*\$50 deposit for Outpost Day Camps*) \$ _____
- Camp Fee, minus deposit above. (*Entire amount due now if registering after May 1st*) \$ _____

EXTRAS

- RVR Care Package - \$35** \$ _____
Delivered to your camper during their stay.
Contents listed at rivervalleyranch.com/care-packages/

- Store Account - Enter desired amount** \$ _____
Allows your camper to make purchases each day from the camp store and snack shop.

If there is a remaining balance on your child's store account at the end of their stay, would you like to donate it to RVR? (*tax deductible*) **YES** **NO**

DONATIONS (*tax-deductible*)

- RVR Scholarship Fund \$ _____
- Camp Improvements \$ _____

DISCOUNTS

(*See website for more info. Must be confirmed by RVR's Registration Office*)

- First time camper referral
- Military & First Responders

Total Costs Listed Above \$ _____

Total Amount Enclosed \$ _____

**Minimum \$100 deposit due now (\$50 for Day Camps).
Remaining balance will be billed.*

PAYMENT (*Only complete registrations including signatures and minimum payment will be processed*)

VISA MASTERCARD AMEX DISCOVER EXP DATE: ____/____

Card # _____ Amount to be Charged: \$ _____

Name of Cardholder _____ Signature _____

RVR Summer Camp Release and Waiver Agreement



Name of Participant (printed): _____ (hereinafter "Participant") **Age:** _____

IF Participant is UNDER 18, **Name of Parents/Legal Guardians** (printed): _____ (hereinafter "Guardians")

1. This Release & Waiver Agreement (hereinafter "Agreement") is made this day _____ (month/day/year) by and between:
(1) Participant, if Participant is over the age of eighteen (18), and any of Participant's heirs, beneficiaries, personal representatives, or assigns; OR (2) Guardians, if Participant is under the age of eighteen (18), and any of Participant's and Guardians' respective heirs, beneficiaries, personal representatives, or assigns (hereinafter "Releasors"); AND Peter & John Radio Fellowship, Inc., River Valley Ranch, L.L.C., & their principals, directors, officers, agents, employees, and volunteers (hereinafter "Releasees").
2. **Assumption of the Risk and Safety.** Releasors acknowledge and assume the risks of injury, including but not limited to property damage, personal injury, and/or death, from participation in activities at River Valley Ranch (RVR). Activities include a broad range of options detailed as follows— Action Sport Activities: The Participant(s) may engage in action sports, including paintball (using compressed air markers), archery tag (with foam-tipped arrows), and bubble soccer (playing with the head and torso encased in an inflatable bubble). These activities involve physical exertion, shooting projectiles at others, and may include running. The undersigned authorizes RVR to transport Participant(s) within the campus for these activities. Acknowledging these risks, express permission is given for participation as designed by RVR. Adventure Activities: Participant(s) may participate in adventure activities such as zip-lining, high and low ropes courses, climbing activities, giant swing, bouldering, and ninja barn (with elements like warped wall and balance challenges), along with hiking and camping. These activities are particularly unsuitable for pregnant individuals or participants exceeding 250 pounds. Consent is given for RVR to transport Participant(s) as required for these activities. Recognizing the inherent risks, explicit permission is granted for participation in the adventure activities as programmed by RVR. Horse Activities: Participant(s) may also engage in horse-related activities, including horseback riding and horsemanship ground lessons. These activities are not recommended for participants over 230 pounds due to the risks associated with riding live animals. Consent is hereby given for the Participant(s)' involvement in these horse activities as organized by RVR. The undersigned affirms that the Participant(s) is in good health, suitable for the specified activities, and within the weight limits. It is agreed that the Participant(s) will undergo all necessary safety training and use all provided safety equipment for activities requiring such measures.
3. **Waiver of Liability.** Releasors hereby release, remise, acquit, and forgive Releasees from any and all liability of any nature, including negligence, breach of contract, for any and all injury or damage (including but not limited to property damage, personal injury, illness, paralysis, and/or death) to Releasors as the result of Releasors' participation in any of the activities at River Valley Ranch, including but not limited to any such injury or damage resulting from the sole negligence of Releasees, but not including any such injury or damage resulting from the intentional actions and/or gross negligence of Releasees.
4. **Waiver of Claims.** Releasors hereby expressly waive any claim, lawsuit, complaint, charge, or cause of action against Releasees for any and all injury or damage (including but not limited to property damage, personal injury, illness, paralysis, and/or death) to Releasors as a result of Releasors' participation in any of the activities at River Valley Ranch, including but not limited to any such claim, lawsuit, complaint, charge, or cause of action resulting from the sole negligence of Releasees, but not including any claim, lawsuit, complaint, charge, or cause of action resulting from the intentional actions and/or gross negligence of Releasees.
5. **Indemnity.** In addition to and not in substitution of any other indemnification obligations of Releasors under this Agreement and/or applicable law, to the fullest extent permitted by law, Releasors shall defend, indemnify, & hold harmless Releasees from & against any & all claims, damages, expenses, costs, fines, penalties, attorneys' fees, liens, mechanic's liens, suits, judgments & any other liabilities of any kind, including, but not limited to, liabilities for property damage, personal injury, or death arising out of or resulting from or in connection with any acts or omissions of Releasees that arise out of or relate to Releasors' participation in any activities at River Valley Ranch, regardless of whether or not caused in part by Releasees.
6. **Releasors' Understanding.** Releasors agree that that this Agreement is not the product of grossly unequal bargaining power, and that Releasors have had a full and fair opportunity to review the provisions of this agreement and seek legal counsel regarding the legal ramifications of this Agreement. Releasors further agree that this Agreement does not amount to or relate to a transaction affecting the public interest. Releasors expressly acknowledge that participation in any camp or activity at River Valley Ranch is entirely voluntary, and that Releasors assent to the terms of this Agreement as a precondition to being permitted to participate in any activity at River Valley Ranch. Releasors expressly acknowledge that they are completely waiving their right to sue Releasees for any reason, including negligence or any legal basis for any damages that Participant and/or Releasors may suffer as a result of participation in any activity at River Valley Ranch (except for damages caused by Releasees' intentional acts or gross negligence). If this Agreement is signed by Guardians, Guardians expressly acknowledge that they are completely waiving their right to sue Releasees for any damages that Guardians or their minor child, Participant, may suffer as a result of participation in any activity at River Valley Ranch (except for damages caused by Releasees' intentional acts or gross negligence).
7. **Agreement Binding upon Heirs and Beneficiaries.** It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, beneficiaries, and assignees.
8. **Governing Law.** The agreement is deemed to be entered into the State of Maryland and to be governed and enforced pursuant to the law of the State of Maryland.
9. **Jurisdiction.** All claims or disputes arising out of or related to this agreement or from Participant's participation in any activity at River Valley Ranch shall be brought and maintained in the courts of Carroll County, Maryland. Releasors expressly consent and submit to the exclusive jurisdiction of such courts.
10. **Severability.** If any provision in this Agreement shall be held invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.
11. **Transportation.** Releasors give their permission to River Valley Ranch to transport any camp participant from one activity to another by an authorized member of the River Valley Ranch staff and within an authorized River Valley Ranch vehicle, if deemed necessary by River Valley Ranch.
12. **Consent to Be Photographed.** Releasors give permission and consent to be photographed and/or filmed during activities and while on premises at River Valley Ranch (RVR). Releasors further give permission and consent that any such photographs may be published and used by River Valley Ranch and the American Camp Association® and its agents, to illustrate and promote the camp experience, River Valley Ranch and its programs, or the American Camp Association.

I HEREBY CERTIFY THAT I HAVE READ & UNDERSTAND ALL OF THE FOREGOING TERMS OF THIS AGREEMENT & EXPRESSLY ASSENT THERETO.

IF Participant is OVER 18, **Signature of Participant:** _____ **Date:** _____

IF Participant is UNDER 18, **Signature of first Parent/Guardian:** _____ **Date:** _____

Signature of second Parent/Guardian: _____ **Date:** _____