

RVR Outpost 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 CHOICE (Please write camp name & week #)

Church (Location) Name: _____

Camp Dates: _____

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Joint Problems (knee, ankle, etc.) | <input type="checkbox"/> Chronic / Reoccurring illness |
| <input type="checkbox"/> Asperger Syndrom | <input type="checkbox"/> Mononucleosis (past 12 months) | <input type="checkbox"/> Any injury, illness, or infectious disease in past 6 months |
| <input type="checkbox"/> Enuresis (bed wetting) | <input type="checkbox"/> Diarrhea / Constipation issues | <input type="checkbox"/> Dietary Restrictions |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Heart Murmor | <input type="checkbox"/> Other Concerns / Disorders: |
| <input type="checkbox"/> Hard of Hearing/Deaf | <input type="checkbox"/> Frequent Ear Infections | _____ |
| <input type="checkbox"/> Back / Neck Injury | <input type="checkbox"/> Wears Contacts / Glasses | _____ |
| <input type="checkbox"/> ADD / ADHD | <input type="checkbox"/> Past Head Injury | _____ |
| <input type="checkbox"/> Rash, itching, etc | <input type="checkbox"/> Undergone any Surgery | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hospitalization | |

Please mark any of the following medications you **DO NOT** authorize RVR staff to administer to your camper:

- | | | |
|--|--|--|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Anti-Diarrheal | <input type="checkbox"/> Antibiotic Ointment |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Chloraseptic throat spray | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Throat Lozenge | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Sudafed | <input type="checkbox"/> Phenylephrine | <input type="checkbox"/> Burn Gel with Lidocaine |
| <input type="checkbox"/> Cough Suppressant / expectorant | <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Topical Muscle Rub |
| <input type="checkbox"/> Antacid (Tums or Pepto-Bismal) | <input type="checkbox"/> Antiseptic Spray | <input type="checkbox"/> Caladryl (anit-itch) |
| <input type="checkbox"/> Emetrol (anti-nausea) | | |

Does your camper have any allergies to any types of medications? Please List:

Does your camper have any FOOD allergies? Please List:

Has your camper ever sought professional help for emotional issues? If so, please explain:

Does your camper have any learning disabilities? If so, please explain:

Does the participant have any known allergy or sensitivity to sunscreen? **YES** **NO**

Will your camper be bringing sunscreen to camp? **YES** **NO**

I authorize RVR staff to assist my child in applying sunscreen if needed. **YES** **NO**

If my child's sunscreen is misplaced/unavailable,

I authorize the use of sunscreen provided by RVR. **YES** **NO**

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)

EMERGENCY CONTACTS

Please provide 2 parent/guardian emergency contacts as well as 1 nonparent/guardian contact:

<i>Name</i>	<i>Relation</i>	<i>Daytime Phone</i>	<i>Evening Phone</i>
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<i>Name</i>	<i>Relation</i>	<i>Daytime Phone</i>	<i>Evening Phone</i>
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<i>Name</i>	<i>Relation</i>	<i>Daytime Phone</i>	<i>Evening Phone</i>
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PHYSICIAN & INSURANCE INFORMATION

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

PCP/Physician Name

Phone #

Does your camper have an Epinephrine auto-injector? YES NO

(If so, please fill out and have doctor sign Epinephrine form , available at rivervalleyranch.com/camp-forms)

What was the date of the camper's last tetanus shot? _____

All staff/campers must be current on all immunizations, unless they provide a written statement from either their physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons. If either of these situations applies to you, you must provide a copy of the Maryland Department of Health and Mental Hygiene Immunization Certificate for your child.

Campers coming from outside the US must have a copy of the child's immunization record, completed in or translated into English. (download form at rivervalleyranch.com/camp-forms)

MEDICAL RELEASE STATEMENT (please sign)

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

I agree that River Valley Ranch, 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 River Valley Ranch, 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 River Valley Ranch. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering xrays or routine tests. I agree to the release of any records necessary for insurance purposes.

In accordance with government HIPAA Regulations, I hereby authorize River Valley Ranch'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, head counselor, and counselors that have the participant in their care. The purpose of this disclosure is for the necessary staff to be prepared in advance for any medical emergencies. The health information that may be disclosed will be from the Health Information form, Medication Form and Immunization Records. I authorize release of medical information to River Valley Ranch's camp physician, for necessary treatment while attending camp. I also authorize the release of medical information from my child's doctor's office to River Valley Ranch. This authorization is valid for the summer of 2016. 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 help with treatment.

Additional Parent/Guardian Authorizations for participants under 18: The minor child herein described has permission to engage in all camp activities except as noted. I give permission to the camp for the use of camp stocked over the counter medications to be administered as ordered by the camp physician. 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 physician selected by the camp to secure and administer treatment, including hospitalization, for 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/PAYMENT

- Minimum - \$50 Non-Refundable Deposit (due now to secure a space) \$ _____
- Camp Fee - \$220 Total (includes above deposit). \$ _____

DONATIONS *(tax-deductible)*

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

Total Costs Listed Above \$ _____

Total Amount Enclosed \$ _____

*(Minimum \$50 deposit due;
remaining balance will be billed.
Entire amount due now if registering after May 15th)*

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 Outpost Camp Release & Waiver Agreement



In consideration of being allowed to participate in Activities at River Valley Ranch for the date(s) of _____ I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible and for my/our heirs, personal representatives or assigns, hereby acknowledge the risks of injury or damage (to property, personal injury and/or death) involved in participating in the activities offered by River Valley Ranch including, but not limited to: paintball, skateboarding, zip line, giant swing, high and low ropes course, climbing tower, challenge course, swimming, archery, air rifles, hiking, and horseback riding. I further understand that participation in these activities contains risks we each appreciate and voluntarily assume because the minor and we choose to do so. I further agree to require said minor to participate in all safety training and wear all safety equipment provided by River Valley Ranch for any of the above activities that require it.

I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible, hereby release, acquit and forgive Peter & John Radio Fellowship, Inc. and River Valley Ranch, L.L.C., its principals, directors, officers, agents, employees, and volunteers (Releases) from any and all liability of any nature for any and all injury or damage (including property damage, personal injury, illness, paralysis, and/or death) to me or said minor children as the result of my/our participation in the activities listed above and below.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns, also hereby expressly waive any claim, lawsuit, complaint, charge, or cause of action against Peter & John Radio Fellowship, Inc. and River Valley Ranch, L.L.C., its principals, directors, agents, employees and for any and all injury or damage, to me or any such minor children and other persons as a result of my/our participation in the Activities listed above at the River Valley Ranch.

I, for my/our heirs, personal representatives and assigns also hereby expressly agree to indemnify and hold harmless Peter & John Radio Fellowship, Inc. and River Valley Ranch, L.L.C., its principals, directors, and employees, including costs, expenses and counsel fees, from and against all claims, lawsuits, complaints, charges or causes of action arising from the participation in the Activities listed above at River Valley Ranch, and the activities for which this Release and Waiver Agreement is given.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, give permission and consent to be photographed and/or filmed during activities and while on premises at River Valley Ranch (RVR). I 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.

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

IF Participant is OVER 18: _____
Signature of Participant Date

IF Participant is UNDER 18: _____
Signature of Natural or Legal Father Date

Signature of Natural or Legal Mother Date

Signature of Legal Guardian Date

Signature of Minor Date