

PILGRIM POINT

camps & retreats,

A Ministry of the MN Conference United Church of Christ

Health & Medical Release Form

(Complete one form per camper—BOTH sides—Must be submitted 3 weeks before camper's arrival)

Camper Name _____ Gender _____ Birthdate ___/___/___ Grade exiting _____
 Address _____ City _____ Zip _____ Church _____
 Parent's name _____ Phone _____ Email _____
 Parent's name _____ Phone _____ Email _____
 Camper email _____ Week Attending _____

EMERGENCY INFORMATION

Alternative persons to be called in case of an emergency:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

CHILD RELEASE INFORMATION

List others, beside parents, AUTHORIZED to pick up child

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

INFORMATION REQUIRED BY STATE LAW

Health Ins Co. _____

Policy # _____

Family Physician _____

Phone _____

VACCINES (approximate date immunized)

DPT _____ Measles _____

Tetanus _____ Mumps _____

Oral Polio _____ Rubella _____

MEDICAL INFORMATION PAST OR PRESENT (please check)

Asthma	___ Yes ___ No	ADD/ADHD	___ Yes ___ No	Measles	___ Yes ___ No
Heart Defect/Disease	___ Yes ___ No	Head Lice (recent)	___ Yes ___ No	German Measles	___ Yes ___ No
Recent Hospitalization	___ Yes ___ No	Bed-wetting	___ Yes ___ No	Other Diseases/Conditions	___ Yes ___ No
Currently under Dr. care	___ Yes ___ No	Sleepwalking	___ Yes ___ No	_____	_____
Seizures	___ Yes ___ No	Tuberculosis	___ Yes ___ No	_____	_____
Diabetes	___ Yes ___ No	Chicken Pox	___ Yes ___ No	_____	_____

For each X Yes, please explain: _____

ALLERGIES (please check)

Hay Fever	___ Yes ___ No	Bee Stings	___ Yes ___ No	Penicillin	___ Yes ___ No
Oak/Ivy Poisoning	___ Yes ___ No	Bringing Bee Sting Kit?	___ Yes ___ No	Other Drugs	___ Yes ___ No
Foods	___ Yes ___ No	Other insects or animals	___ Yes ___ No	Other Allergies	___ Yes ___ No

Please list any other allergies, including food allergies: _____

Current Medications to be continued at camp (dosage/frequency): _____

Dietary Restrictions ___ Yes ___ No _____

Any reason to restrict full activity including swimming, long hikes, strenuous physical games? ___ Yes ___ No

If yes, please explain: _____

NON-PRESCRIPTION MEDICATIONS (I AUTHORIZE THE FOLLOWING MEDICATIONS TO BE ADMINISTERED AS NEEDED)

Tylenol	___ Yes ___ No	Bernadryl	___ Yes ___ No	Pepto Bismol	___ Yes ___ No	Neosporin	___ Yes ___ No
Chloraseptic	___ Yes ___ No	Cough Drops	___ Yes ___ No	Ibuprofen	___ Yes ___ No	Calamine Lotion	___ Yes ___ No

Note: These items will be provided by PPC and only administered if parent/guardian has given approval.

Camper's Name: Last _____

First _____

Camp: _____

Suggested : Health Examination by Licensed Physician

ALL CAMPERS ARE SUGGESTED TO HAVE WRITTEN CONFIRMATION OF A HEALTH EXAMINATION WITHIN 24 MONTHS OF ATTENDING PPC.

I have examined the child named on this form within the past two years. Date Examined: ___/___/___

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

The applicant is under the care of a physician for the following condition/s: _____

The following activities should be limited by physician's advice: _____

The following activities should be encouraged by physician's advice: _____

The following treatment or medications to be continued at camp (please give specific dosages): _____

Additional health information: _____

Licensed Physician Signature: _____ Date: _____

Address: _____ Phone: _____

Date of Form Completion: _____ By: _____

PARENT'S AUTHORIZATION

This health history is correct, so far as I know, and the person/camper herein has permission to engage in all prescribed program activities. I give permission to the physician selected by Pilgrim Point Camp (PPC) to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by PPC to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named here. We recognize that the participant must follow safety instructions, remain in areas designed by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees. Photos or video of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize PPC staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature _____ Date _____

MEMO OF UNDERSTANDING (To be read, understood and signed by Camper and Parent)

We welcome you to Pilgrim Point Camp summer program. In order to provide the best possible camp experience for every camper and leader, there are certain rules and policies that have been established for the health and safety of all involved.

1. The camper agrees to abide by the rules and regulations set by the camp for the health, safety and welfare of all campers.
2. Campers are not allowed to use tobacco, possess any smoking materials, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept under the control of the Health Officer.
4. Campers are not to possess or use firecrackers or explosives, nor possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the camper's parent.
6. Campers may not leave camp property or established boundaries without PPCR staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, bullying, and sexual harassment/intimidation may result in IMMEDIATE DISMISSAL FROM CAMP WITH NO REFUND.
8. Pilgrim Point Camp is not responsible for articles of clothing or personal belongings lost or damaged.

We reserve the right and WILL send ANYONE home (at parent's expense and liability) who violates these rules. PPC staff reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the camper. I have read, understood and will abide by the rules as stated above throughout my stay at camp. Signed:

Camper _____ Parent/Guardian _____ Date _____

Minnesota Conference Safe Conduct
Application and Disclosure Form

Name: Last First Middle

Address City/State Zip

Daytime Phone Evening Phone Email

Name of Local Church: _____

City: _____

Q I have been a member of _____ church since _____

Q I have been a friend of this church since _____

References: One reference should be a church leader and none of them may be an immediate family member.

1. _____
Name

Address City/State Zip code

Telephone Email

2. _____
Name

Address City/State Zip code

Telephone Email

3. _____
Name

Address City/State Zip code

Telephone Email

Please read and respond to the following:

I have never been convicted of, nor pled guilty or no contest to, a crime. (Exclude convictions that have been sealed, expunged or legally eradicated, misdemeanor convictions for which probation was completed and the case was dismissed, or offenses about which inquiry is not permissible in this state)

True

Not True

If not true, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. The Conference will not deny a position to any applicant solely because the person has been convicted of a crime. The Conference, however, may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for.

No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired.

True

Not True

If not true, give a short explanation of the lawsuit. (Please indicate the date, nature, and place of the incident leading to the lawsuit; where the lawsuit was filed; and the precise disposition of the lawsuit.)

I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credentials, or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct.

True

Not True

If not true, give a short explanation. (Please indicate the date of termination; name, address, and telephone number of employer or volunteer supervisor; and nature of the incident(s) leading to your termination.)

Do you have a valid drivers' license?

Yes

No

With respect to my driving record, I have not had my license suspended or revoked within the last five years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.

True

Not True

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying?

Yes

No

If yes, please provide a brief explanation.

Please read the following carefully and sign:

The covenants between persons seeking authorized volunteer positions in the Minnesota Conference of the United Church of Christ require honesty, integrity, and truthfulness for the health of the Conference. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between volunteers and the Conference they seek to serve. To that end, I authorize The Minnesota Conference and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements.

The Minnesota Conference authorized volunteer and employee recruitment process involves the sharing of information regarding applicants with those persons in a position to recruit, secure, and supervise both the position I am seeking to fill and program I am seeking to participate in. To that end, I authorize the Minnesota Conference and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to such persons for these purposes. I understand that the Minnesota Conference will share with me information it has gathered about me, if I request it to do so.

I acknowledge the above statements. I have read the Minnesota Conference Safe Conduct Policy on the Conference website (www.uccmn.org) or have received and read a print copy from the Conference office.

I have read the Minnesota Conference UCC Safe Conduct Policy.

(PRINT NAME & SIGN) **DATE**

(PRINT NAME & SIGNATURE OF PARENT OR GUARDIAN FOR APPLICANTS UNDER 18) **DATE**

References Checked: _____
DATE **INITIALS**



Luther Crest Bible Camp
8231 County Road 11 NE
Alexandria, MN 56308
Phone: (320) 846-2431

Luther Crest Bible Camp Challenge Course Waiver and Release

Important Information

Luther Crest Bible Camp is committed to providing participants with programs and activities in a safe manner and holds the safety of participants in the highest regard. Luther Crest continually strives to reduce such risks and insists all participants follow safety rules and instructions designed to protect participants' safety. However, participants and parents/guardians must recognize that there is an inherent risk of injury when choosing to participate in challenge course activities.

Assumption of Risk:

The challenge course consists of challenging activities intended to engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, professional training, medical advice, conditioning and equipment, there is still a risk of serious injury. Understandably, not all hazards and dangers associated with the challenge course can be foreseen and it must be recognized that it is impossible for Luther Crest Bible Camp to guarantee absolute safety.

I recognize and acknowledge that there are certain risks of physical injury to participants within the challenge course program and I voluntarily agree to assume the full risk of any injuries, damages, or loss regardless of severity that I or my child may sustain as a result of participating in any and all activities connected to the challenge course.

Waiver and Release of Liability and Claims:

By signing this waiver, I agree to defend, indemnify, and hold Luther Crest, their officers, directors, officials, employees, volunteers, and agents harmless against any and all liability, loss, expense, including reasonable attorney's fees, or claims for injury or damages arising out of my or my child's participation in the challenge course.

Marketing and Photography Agreement:

Luther Crest Bible Camp takes photos and videos of the camp's programs and participants. By signing this waiver, I agree to give permission to Luther Crest to use these photos and video in publications, marketing resources, and on Luther Crest's website. All photos and video are the property of Luther Crest.

I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all liability and claims, and photo/video permission. **PARTICIPATION WILL BE DENIED** if the signature of adult participant or parent/guardian is not on this waiver. Each participant must present a waiver during the time of program registration.

Name of Participant: _____ **Date:** _____

Participant Signature (Parent/Guardian if under 18): _____

Parent/Guardian Name: _____ **Phone Number:** _____

Emergency Contact: _____ **Phone Number:** _____