

**MOUNTAIN TOP RETREAT
SUMMER CAMP REGISTRATION &
MEDICAL/RELEASE FORM**

State Law Requires that this form be completed and
signed **BEFORE THE CAMPER CAN BE ADMITTED TO CAMP.**

Instructions: Please print neatly and fill in all the information asked for on this form. Parent/guardian signature is required. Return this form to us before the start of the camp, or bring it with you to registration at 339 Bible Camp Road. Please send a pre-registration form prior to camp to get the camper's name on the list.

Camper's Name _____ Birth Date _____ Sex: M ___ F ___

Address _____ City _____ State ___ Zip _____

Parent/Guardian Name _____ Address _____

Check if same address as camper _____

Home Phone _____ Work Phone _____ Cell Phone _____

Work Place Address: _____ City _____ State ___ Zip _____

E-Mail Address: _____ Name of church you attend: _____

Person to contact in case of emergency _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name of the person who is authorized to pickup this child: _____

Circle date of the camp attending:

Teen Camp Ages 13-18 June 13 – June 18 / **Junior High Camp** Ages 11-12 June 20 – 27 / **Junior Camp** Ages 9-10 June 27 – July 2

Camper's Health Statement

Public Health Nurse or Licensed Physician's Exam This section has to be signed before the camper whose name appears on this registration form can be admitted into camp. Call the camp office for more information; sometimes we have a nurse on staff that can sign this part of the form.

I have examined this camper and found him/her to be in satisfactory physical condition, free from any contagious diseases and capable of active participation in regular camp programs except as follows: (use the space provided under Additional Comments for exception from certain activities)

Signature of Examiner	Address of Examiner	Date	Phone Number
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Parent/Guardian, your response to these questions will help in the case of your child's illness or injury.

Date and history of any serious illnesses in the last 12 months _____

Date and History of any surgeries in the last 12 months _____

Allergies _____ Penicillin or other drug reactions _____

Special dietary requirements: Please list them in the space provided on the back of this page.

IMMUNIZATION RECORD

Diphtheria-Tetanus-Pertussis: Date _____ Tetanus-Diphtheria: Date _____ Polio: Date _____ Measles: Date _____
Haemophilus influenza type b: Date _____ Mumps: Date: _____ Rubella: Date _____ Hepatitis: Date _____ Chickenpox: Date _____

Insurance Information

All campers are covered during their stay by Brotherhood Mutual Insurance and subject to the limits thereof. Individual Insurance is primary. Does the camper whose name appears on this form have medical insurance? YES NO

Individual Insurance Company _____ Policy # _____ Phone _____

Address of Insurance Company _____ City _____ State _____ Zip _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

In the event of an outbreak, exempted persons may be subject to exclusion from camp and to quarantine.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

Medical exemption to the following vaccine(s):

Signed _____ Date _____ / _____
(Physician)

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunization.

Religious exemption to the following vaccine(s):

Signed _____ Date _____ / _____
(Parent, guardian, emancipated student/consenting minor)

PERSONAL EXEMPTION: Parent or guardian of the above named person of the person himself/herself is an adherent to a personal belief opposed to immunizations.

Personal exemption to the following vaccine(s):

Signed _____ Date: _____ / _____
(Parent, guardian, emancipated student/consenting minor)

CDPHE-DCEED-IMM 04-07819C14-RC10 8/03

Acknowledgment of Risk and Release

I hereby authorize the properly qualified health supervisor of Mountaintop Retreat to administer the medication which is prescribed.

Name of Medication(s) _____ Directions for Use _____

In case of medical emergency, I understand that every effort will be made to contact me. However, in the event I cannot be reached, I hereby give permission to the attending physician to hospitalize and/or secure or perform whatever treatment or surgery is deemed necessary for the well-being of my child. I affirm that the information on my child’s medical form is both complete and correct. While at camp, Mountaintop Retreat recommends that your child not wear body piercing jewelry. Should an injury occur with relation to the body piercing jewelry, Mountaintop Retreat will treat the injury, but if further medical attention is required you will be called to come and pick up your child. I also give my permission for the above listed camper to participate in all scheduled activities both on and off camp property. I understand that my child will be doing some or all of the following activities and that there are additional physical risks associated with each of these activities. I acknowledge and assume all of the risks for my child associated with all camping activities as well as the additional physical risks for my child. **Camp fire cook outs, Field & Court Games, Hiking on & off camp property, Water Slide, Zip Line.** If there are any activities you do not permit your child to participate in, please note it in the “additional comments” section on page 2. The undersigned further releases Mountaintop Retreat, its directors, employees and volunteers from any and all actions, causes of actions, liabilities, claims, demands, costs and attorney’s fees incurred by me by reason of any damage, loss, injury, or suffering which may occur on or in connection with Mountaintop Retreat activities. Further, the undersigned agrees to indemnify and save harmless Mountaintop Retreat, its directors, employees and volunteers against any and all liability, loss damages, costs and expenses which the said Mountaintop Retreat, its directors, employees and volunteers or any of them may hereafter suffer or incur by reason of any claim for personal injury or property damage or claims of any kind or nature whatsoever made by any person, including the camper identified above, arising out of injuries or damages or both sustained by the camper identified above as a result of any injury, illness or both sustained by said camper above identified which may occur on or in connection with activities of Mountaintop Retreat.

Parent/Guardian Signature: _____ Date _____

Camper’s Signature: _____

As a camper I have read the Camp Information page and will comply with all of that is stated therein while at camp

Additional Comments:

Mailing address:

MOUNTAINTOP RETREAT
63451 Ida Road; Montrose, CO 81401

Camp Information

DIRECTIONS: From Montrose take Highway 90 west (starting at the intersection of Townsend Avenue and Main Street also known as intersection of State Highway 50, 550 and 90) go to County Road 6250 which takes you to Dave Wood Road. Camp is approximately 15 miles from downtown Montrose. Just as you get to the tall ponderosa pine trees turn left at the camp sign on Bible Camp Road.

CHECK-IN: Monday afternoon between 3:00 p.m. & 5:00 p.m. (the first meal is Monday dinner)

CHECK-OUT: Saturday morning at 10:00 a.m.

WHAT TO BRING: A warm sleeping bag or appropriate bedding, a pillow if you wish, warm coat for cool evenings, shirts or T-shirts, casual jeans, are to be worn throughout the day during chapel and meal time (no belly shirts please, shirts and t-shirts to overlap top of pants when setting down) shoes for hiking, water bottle, and modest shorts and T-shirts are to be worn for the water slide and game time only. Also bring Bible, pen, notebook, flashlight, and personal belongings such as toothbrush, soap, towels, shampoo, etc. **Mountaintop Retreat is not responsible for lost or broken items. Please mark all personal belongings with camper's name.**

NOTE: All medications must be in the original labeled container along with the child's name and dosage instructions.

WHAT NOT TO BRING: Food, candy, cell phones, radios, music playing devises, electronic games, squirt guns, knives, etc., matches, fireworks, chewing tobacco or other tobacco products. Smoking is not permitted on camp property.

HEALTH SCREENING: The Camper shall present a statement confirming a physical examination which has been performed within the preceding twelve months by a licensed physician or public health nurse. Please call or e-mail the camp office if you have any questions.

SPENDING MONEY: Pop, Candy, T-shirts and other items may be purchased at the Camp Store. Costs range from \$0.25 to \$20.00. An offering is taken the last day of camp for the camp speakers. In order to avoid lost or stolen money, we expect the campers to place their money in an account at registration. Remaining money may be withdrawn after breakfast Saturday morning before departure from camp.

NOTICE:

In an emergency (during camp) call (970) 596-0505. **Note:** The camp is on the fringe of cell phone reception and you may not get through. Please leave a message and we will return your call.

If camper brings items that we have asked them not to. We reserve the right to confiscate the items and hold them in safe keeping until checkout time.

Mountaintop Retreat is an equal opportunity service provider and our activities in the Uncompahgre National Forest are through a special use permit.