

# FAMILY CAMPER REGISTRATION

TCC

## PARENT/GUARDIAN INFORMATION (please print clearly)

### Parent/Guardian 1:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone (if applicable) \_\_\_\_\_ Gender: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Staying onsite? Yes/No If yes, where? \_\_\_\_\_

### Parent/Guardian 2:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address (if different than Parent 1): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone (if applicable) \_\_\_\_\_ Gender: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Staying onsite? Yes/No If yes, where? \_\_\_\_\_

## FAMILY HEALTH INSURANCE INFORMATION

Does your family have health insurance? Yes/ No Is it the same policy for all family members? Yes/No  
If yes, name of company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Company: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## FAMILY EMERGENCY CONTACT PERSON

Contact Name: \_\_\_\_\_  
Relationship to Family: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## CHURCH INFORMATION (if applicable)

Church Name \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Church Group Leader Name \_\_\_\_\_

## MINOR CHILDREN CAMPER INFORMATION (please print clearly)

### CHILD 1:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender : \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Insect Stings \_\_\_\_\_ Drugs \_\_\_\_\_ Other Allergies  
If you checked any of the conditions above, please give details (include normal treatment of allergic reactions):  
\_\_\_\_\_  
\_\_\_\_\_

Conditions: \_\_\_\_\_ Heart \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Chronic Asthma  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_ Physical Handicap  
\_\_\_\_\_ Epilepsy \_\_\_\_\_ Frequent Stomach Upsets

Please explain: \_\_\_\_\_

What communicable disease has this camper had? (Check all that apply)

- Measles  Polio  Mumps  Chicken Pox  Scarlet Fever  Whooping Cough

When did this camper last receive a Tetanus Shot (give year): \_\_\_\_\_

Does the camper have any of the following conditions? (Check all that apply)

- Heart Trouble  Ear Trouble  Kidney/Urinary Trouble  Asthma  Hernia  Skin Trouble  HIV/AIDS  
 Lung Trouble  Diabetes  Seizures

Allergies (Name allergies or medications camper is allergic to. (Camper must bring own EpiPen if needed.)

Please indicate any prescription medication your child will be bringing to camp, including written directions for administering. No refrigeration is available; therefore, arrangements should be made in advance with your youth leader to handle medication with this requirement.

**CHILD 2:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender : \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Insect Stings \_\_\_\_\_ Drugs \_\_\_\_\_ Other Allergies

If you checked any of the conditions above, please give details (include normal treatment of allergic reactions):

Conditions: \_\_\_\_\_ Heart \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Chronic Asthma  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_ Physical Handicap  
\_\_\_\_\_ Epilepsy \_\_\_\_\_ Frequent Stomach Upsets

Please explain: \_\_\_\_\_

What communicable disease has this camper had? (Check all that apply)

- Measles  Polio  Mumps  Chicken Pox  Scarlet Fever  Whooping Cough

When did this camper last receive a Tetanus Shot (give year): \_\_\_\_\_

Does the camper have any of the following conditions? (Check all that apply)

- Heart Trouble  Ear Trouble  Kidney/Urinary Trouble  Asthma  Hernia  Skin Trouble  HIV/AIDS  
 Lung Trouble  Diabetes  Seizures

Allergies (Name allergies or medications camper is allergic to. (Camper must bring own EpiPen if needed.)

Please indicate any prescription medication your child will be bringing to camp, including written directions for administering. No refrigeration is available; therefore, arrangements should be made in advance with your youth leader to handle medication with this requirement.

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**CHILD 3:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender : \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Insect Stings \_\_\_\_\_ Drugs \_\_\_\_\_ Other Allergies

If you checked any of the conditions above, please give details (include normal treatment of allergic reactions):

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Conditions: \_\_\_\_\_ Heart \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Chronic Asthma  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_ Physical Handicap  
\_\_\_\_\_ Epilepsy \_\_\_\_\_ Frequent Stomach Upsets

Please explain: \_\_\_\_\_

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What communicable disease has this camper had? (Check all that apply)

- Measles  Polio  Mumps  Chicken Pox  Scarlet Fever  Whooping Cough

When did this camper last receive a Tetanus Shot (give year): \_\_\_\_\_

Does the camper have any of the following conditions? (Check all that apply)

- Heart Trouble  Ear Trouble  Kidney/Urinary Trouble  Asthma  Hernia  Skin Trouble  HIV/AIDS  
 Lung Trouble  Diabetes  Seizures

Allergies (Name allergies or medications camper is allergic to. (Camper must bring own EpiPen if needed.)

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Please indicate any prescription medication your child will be bringing to camp, including written directions for administering. No refrigeration is available; therefore, arrangements should be made in advance with your youth leader to handle medication with this requirement.

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**CHILD 4:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender : \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Insect Stings \_\_\_\_\_ Drugs \_\_\_\_\_ Other Allergies

If you checked any of the conditions above, please give details (include normal treatment of allergic reactions):

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Conditions: \_\_\_\_\_ Heart      \_\_\_\_\_ Frequent Colds      \_\_\_\_\_ Chronic Asthma  
                  \_\_\_\_\_ Diabetes      \_\_\_\_\_ Hay Fever      \_\_\_\_\_ Physical Handicap  
                  \_\_\_\_\_ Epilepsy      \_\_\_\_\_ Frequent Stomach Upsets

Please explain: \_\_\_\_\_  
\_\_\_\_\_

What communicable disease has this camper had? (Check all that apply)

- Measles  Polio  Mumps  Chicken Pox  Scarlet Fever  Whooping Cough

When did this camper last receive a Tetanus Shot (give year): \_\_\_\_\_

Does the camper have any of the following conditions? (Check all that apply)

- Heart Trouble  Ear Trouble  Kidney/Urinary Trouble  Asthma  Hernia  Skin Trouble  HIV/AIDS  
 Lung Trouble  Diabetes  Seizures

Allergies (Name allergies or medications camper is allergic to. (Camper must bring own EpiPen if needed.)  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any prescription medication your child will be bringing to camp, including written directions for administering. No refrigeration is available; therefore, arrangements should be made in advance with your youth leader to handle medication with this requirement.  
\_\_\_\_\_  
\_\_\_\_\_

**MINOR PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE**

I am a parent or legal guardian of the Minor named above who is under eighteen years of age ("Minor"), and I am fully competent to sign this Release. I certify that Minor is in good health, has no mental or physical conditions that would prevent his or her participation in the encampment and/or its recreation activities, and has no condition that requires the taking of medication on a regular basis, except as fully and expressly indicated above. In consideration of Minor being permitted to participate in Taylor County Holiness Campground, Inc.'s (the "Camp's") activities and to use the facilities and equipment at the Camp, I, on behalf of myself, Minor, and Minor's representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns (collectively, the "Minor's Representatives"), hereby agree to be bound by this Release. I understand that such participation or use entails certain inherent risks to Minor, and I, on behalf of Minor's Representatives, voluntarily accept all risk to Minor's health that may result from such participation or use. Therefore, I, on behalf of Minor's Representatives, hereby agree that Taylor County Holiness Camp Ground, Inc., its respective directors, officers, employees, agents, representatives, related and/or affiliated entities, successors and assigns (hereinafter, "Released Parties") SHALL NOT BE LIABLE FOR ANY DAMAGES arising from (a) the DISCLOSURE OF MEDICAL INFORMATION contained in this form (if believed necessary by the Released Parties), and/or (b) PERSONAL INJURIES (INCLUDING DEATH), DAMAGE TO OR LOSS OF PROPERTY OR OTHER HARM, whether foreseen or unforeseen, present or future, known or unknown, that Minor may sustain in any way which directly or indirectly results from or arises from Minor's attendance or participation in the Camp. Furthermore, I, on behalf of Minor's Representatives, agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from and against any and all claims, foreseen or unforeseen, present or future, known or unknown, that Minor's Representatives may have or assert, even if caused in whole or in part by the NEGLIGENCE, FAULT, BREACH OF CONTRACT, STRICT LIABILITY, OR OTHER ACT, CONDUCT OR STATUS of any of the Released Parties. This indemnification includes all costs of defending such claims, including attorneys' fees, costs, and expenses, whether suit is filed or not.

I further authorize emergency medical treatment to be performed by Camp medical staff and/or attending physicians at a local clinic or hospital to my child in my absence.

This Release contains the entire agreement between the parties and may be amended only in writing signed by the undersigned and the Released Parties' representative(s), or their successors. It is not intended to release the Released Parties from any conditions or activity that, as a matter of law, cannot be avoided, waived or released, and no provision hereof should be so interpreted. It is governed by the internal laws of Georgia (even if applicable conflict of law rules would provide otherwise). Its terms are severable. It shall not be strictly construed against any party.

I HAVE READ AND UNDERSTAND THIS RELEASE AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
Signature of Parent or Guardian (Circle One)

\_\_\_\_\_  
Date

**CORONAVIRUS / COVID-19 WARNING & DISCLAIMER**

**INITIAL** \_\_\_\_\_

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Taylor County Holiness Camp programs or accessing Taylor County Holiness Camp facilities could increase the risk of contracting COVID-19. Taylor County Holiness Camp in no way warrants that COVID-19 infection will not occur through participation in Taylor County Holiness Camp programs or accessing Taylor County Holiness Camp facilities.

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.**

Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Taylor County Holiness Camp programs, now or any time in the future.

**OFFICE USE ONLY** **TCC**

<b>TEEN</b>	<b>CHILD</b>
_____ nights @ \$ _____ Meals \$ _____ Misc. \$ _____ <b>Total Paid \$</b> _____ (Cash / Check) Arrival Date _____ Departure Date _____ Lodging Location _____	_____ nights @ \$ _____ Meals \$ _____ Misc. \$ _____ <b>Total Paid \$</b> _____ (Cash / Check) Arrival Date _____ Departure Date _____ Lodging Location _____