

**Circle G Ministry, Inc./ God's Mountain Retreat  
Camper Registration/ Medical Release Form**

Camp Date: \_\_\_\_\_ Circle One: Leader / Student  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Group/Church Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Parent's Cell: (\_\_\_\_) \_\_\_\_\_ Parent's Cell: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_ School Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: M / F Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Father's work phone: (\_\_\_\_) \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Mother's work phone: (\_\_\_\_) \_\_\_\_\_  
T-Shirt Size (Adult Sizes): S      M      L      XL      XXL  
Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

**Adult Camper / Leader Information:**

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Insurance Information:**

Insurance Co: \_\_\_\_\_ Family Physician: \_\_\_\_\_  
Insurance Co. Address: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Subscriber #: \_\_\_\_\_  
Subscriber date of Birth: \_\_\_\_\_ Subscriber SSN: \_\_\_\_\_  
Subscriber Address if different than above: \_\_\_\_\_  
Subscriber's phone #: \_\_\_\_\_

\_\_\_\_\_ **Camper does not have insurance.** If the camper does not have insurance, the camper or camper's family assumes liability as follows:

**Waiver of medical liability**

I, \_\_\_\_\_, acknowledge that I have volunteered to participate in construction and other activities at Circle G Ministry, Inc. / God's Mountain Retreat. I understand that these activities are not conducted in the course of trade or commerce, and do not involve lease or sale of goods or services. I am aware that I am voluntarily participating in these activities of construction, which include but are not limited to, the construction of homes, loading and unloading material, painting, framing, finishing, transporting to and from building sites, and other related activities, with the knowledge of danger involved. I hereby agree to accept any and all risk of injury and verify this statement by placing my signature below. I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach property of Circle G Ministry, Inc./ God's Mountain Retreat, its directors, officers, agents, employees, volunteers, suppliers, or contractors. This release is intended to be broad in its effect. My signature authorizes the staff at Circle G Ministry, Inc. / God's Mountain Retreat to provide any emergency medical care to the best of their abilities according to their best judgment. The camper may be transported by any camp personnel to medical facilities. I hereby waive and release the camp and its staff of any and all liability for any injuries or illnesses incurred while at the camp or while being transported by camp staff for medical attention. I understand that participation in camp activities and surrounding area mission work involves working with basic construction tools, motion, rotation, and height in a unique environment and as such, carries with it risk of injury or death. All campers must be covered by their own medical insurance. All medical expenses incurred will be the responsibility of the camper or camper's family. I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp activities as outlined in the camp brochure. I have read the camp brochure. The camp is not responsible for personal items that are lost stolen or damaged. I also understand that the camp retains the right to use any photographs, videotapes, motion picture recordings or any other record of this event for publicity advertising or for any legitimate purpose.

\_\_\_\_\_  
Signature of Parent/ Guardian/ Adult Camper

\_\_\_\_\_  
Date

## Medical History

Camper Name: \_\_\_\_\_  
\*\*If the camper has been exposed to any communicable disease within two weeks prior to their stay, please do not send them to camp.\*\*

Any operations, illnesses or injuries during the last year: \_\_\_\_\_  
Any ongoing physical conditions: \_\_\_\_\_  
Other Injuries or limitations: \_\_\_\_\_  
Date of last DPT or DT booster: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Bee Sting \_\_\_\_\_ Penicillin \_\_\_\_\_ Hay Fever \_\_\_\_\_ Poison Ivy  
\_\_\_\_\_ Sumac \_\_\_\_\_ Bactracin \_\_\_\_\_ Other \_\_\_\_\_ Poison Oak  
Other: \_\_\_\_\_  
Treatment required for allergy: \_\_\_\_\_

Please circle the medications camp staff may administer:

Tylenol	Ibuprofen	Antihistamine	Aloe Vera	Mylanta	Cough Medicine
Tumus	Cough Syrup	Cold Tablets	Swimmer's Ear	Epipen	Other

**For the safety of all campers, medication should be administered by an adult lead of church group or Circle G Ministry, Inc. /God's Mountain Retreat staff member. It is the responsibility of parent or guardian to make these arrangements.**

I hereby authorize the physician(s) and staff of any Medical facility to provide such hospital care that includes diagnostic procedures and medical treatment as necessary for the camper while enrolled at Circle G Ministry, Inc. / God's Mountain Retreat Said medical treatment may be given without any further permission from the undersigned. I also authorize payment of medical benefits for any services furnished to the camper by physicians or staff at the above facilities. I authorize you to release my insurance company information concerning health care provided to the camper. In the event of any injury or illness requiring transportation to an independent medical facility, I authorize the release of all medical records generated at the facility to the medical staff at Circle G Ministry, Inc. /God's Mountain Retreat. I understand this will enable a continuity of care upon the camper's return to camp and will provide staff a means of informing family members of camper's medical condition. Such records will remain a confidential part of the camper's general record.

Printed Name of parent/ guardian: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/ guardian/ adult camper

\_\_\_\_\_  
Date

Please attach any addition medical concerns.

Please provide a copy of both front and back of medical insurance card.

WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT WITH CIRCLE G MINISTRY, INC. / GOD'S MOUNTAIN RETREAT

- Program 1: Missions Camp. This is a combination of regular camp activity and community service projects. Community service projects include, but are not limited to, repair of houses, construction of adaptive equipment, and landscaping.
- Program 2: Standard Camp. Campers will participate in activities in the local area. Some off-site recreational activities are made available to campers including, but limited to horseback riding and white water rafting and are subject to guidelines of each attractions criteria.
- Program 3: Basic "Do It Yourself" Camp. Campers will provide/perform their own on-site programs and meals while utilizing the facility and its amenities.

1. Medical Attention. I understand that medical attention cannot be immediate in all circumstances. Medical attention will be dependent upon the time needed to remove the person from the program activity area.
2. Injury to Persons or Property. Responsible Party agrees that Circle G Ministry, Inc / God's Mountain Retreat shall not be liable to Responsible Party or any other person for any injury occurring in, on, or around the premises or at other locations. Responsible Party further agrees that Circle G Ministry, Inc. / God's Mountain Retreat shall not be liable for damages to Responsible Party's property or to property of any third person which may be located in, on, or around the premises or other locations. Responsible Party further agrees to indemnify and save Circle G Ministry, Inc. / God's Mountain Retreat harmless from any and all claims or losses arising out of any default by Responsible Party hereunder or by injuries to person or property occurring in, on, or around the premises or other locations including, without implied limitation, attorney's fees and/or cost of defending any action.
3. That I/We hereby release Circle G Ministry, Inc. / God's Mountain Retreat, its employees, officers, directors and camp counselors and any individual associated with Circle G Ministry, Inc. / God's Mountain Retreat from any and all liability, including all expenses of litigation, which might arise from or be a result of my/our/our child's participation in the use of the premises, and other locations. I further agree to fully indemnify and hold harmless any individual or entity herein named from any liability from my/our participation in the use of the premises and other locations and that I/We hereby WAIVE and RELEASE the parties herein categorized and end entities herein named from any and all liability arising as a result or from my/our participation in the use of the premises and other locations.

\_\_\_\_\_  
Print Name of Responsible Party

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Print Name of Parent/ Guardian

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Mailing Address City State Zip Code

( ) \_\_\_\_\_  
Telephone Number of Responsible Party/Parent/Guardian

I, \_\_\_\_\_, a Notary Public for \_\_\_\_\_ County, \_\_\_\_\_ (state), do  
Hereby certify that \_\_\_\_\_ personally appeared before me this day and  
acknowledged the due execution of the forgoing instrument.

WITNESS my/our hand and seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.