

2024 ROOTED YOUTH CAMP
ANGELES CREST CHRISTIAN CAMP
JUNE 23-28, 2024

(Complete all forms and turn into Jeremy or Cole)

Campers First and Last Name _____

Grade in Fall of 2024 _____

Address _____

Parent Phone Number _____

Parent Email _____

Adult T-shirt Size ___S ___M ___L ___XL

Parent (s) Names _____

Cabin Roommate Request _____

Are you a regular attender ___Yes ___No

If no, how did you hear about Cornerstone _____

Camp Deposit (\$100 non refundable deposit per camper)

Deposit Received Date _____ Amount _____

Cornerstone Release Received _____ Angeles Crest Release Received _____

Leader Signature _____

Please print clearly.



ANNUAL PARENT/GUARDIAN RELEASE AND MEDICAL AUTHORIZATION FORM

1000 N. Studebaker Road, Long Beach, CA 90815

Phone: 562.296.6490 Website: www.cclb.org

Child's Name: _____ Date of Birth: _____
(last) (first)

Address: _____
(street) (city) (zip code)

Phone Numbers: Home: _____ Mother's Work/Cell: _____ Father's Work/Cell: _____

Email Address: Parent's: _____ Student's: _____

Current Grade Level: _____ Year of High School Graduation: _____

Authorization to consent to medical treatment of minor:

I/We the undersigned parent(s)/guardian(s) of _____ (child's name), a minor, do hereby authorize Cornerstone Church Children/Youth Ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and/or surgeon licensed under the provision of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. It is further understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable Cornerstone Church, its leaders, employees, or representatives, for medical aid rendered and will reimburse Cornerstone Church for any medical or other expenses incurred in the care of my child. This authorization is given pursuant to Section 6910 of the California Family Code. This authorization shall remain effective through the above-named minor's graduation from high school, unless sooner revoked in writing delivered to said agent(s).

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both. Fam. Code § 6552.

Date: _____ Father's Name: _____ Signed: _____

Date: _____ Mother's Name: _____ Signed: _____

Alternate Emergency Contact: _____ Phone: _____ Relationship to Student: _____

Family Doctor: _____ Phone: _____

Insurance Company: _____ If none, please check:

Insurance Policy #: _____ Group #: _____

Known Medical Conditions: _____

Medication(s): _____

Allergies: _____

Last Tetanus Immunization: _____ Contact Lenses: _____

Will you allow blood transfusions? Yes No First Time Form Completed? Yes No

Assumption of Risks, Release, Indemnification and Covenant Not to Sue Cornerstone Church ("Cornerstone"):

I/We recognize that there are certain inherent risks associated with the various activities that my/our child may engage in. I/We, hereby voluntarily release, discharge, indemnify, hold free and harmless, assume liability for and promise to defend Cornerstone, its agents, servants, employees, officers, directors, lessors, and insurers (hereinafter collectively referred to as "parties released"), from any and all liabilities, claims, demands, causes of action, and costs and expenses (including but not limited to attorney's fees, reasonable investigative and discovery costs, court costs and all other sums which Cornerstone may be forced to incur) arising or alleged to have arisen out of my/our child's presence upon and use of real property or use of personal property belonging to Cornerstone, its agents, servants, employees, officers and directors, or by action or omission of my/our child, even if such damage or personal injury results from the negligence of Cornerstone or other parties released. This release is intended to be as broad and inclusive as is permitted by California law and shall be construed and interpreted in accordance with California law. Furthermore, I/we further COVENANT NOT TO SUE or make any demand or claim against Cornerstone or other parties released, for or by reason of any such damage or personal injury from my/our child's activities at Cornerstone, or anywhere, at any time.

Date: _____ Father's Name: _____ Signed: _____

Date: _____ Mother's Name: _____ Signed: _____



Angeles Crest Christian Camp Medical Information and Release Form

NAME _____ AGE _____ DATE OF BIRTH _____ DATE OF CAMP _____

CHURCH _____ CITY _____ MALE FEMALE

ADDRESS _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL PHONE (____) _____ EMAIL ADDRESS _____

IN EMERGENCY NOTIFY _____ PHONE (____) _____

FAMILY DOCTOR _____ PHONE (____) _____ DATE OF LAST PHYSICAL EXAM _____

IS CHILD CURRENT WITH IMMUNIZATION RECORD? _____

HEALTH HISTORY:

Drug Allergies _____	Heart Condition _____	Behavior/Nervous Disorder _____
Food Allergies _____	Asthma _____	Physical Handicap _____
Environmental Allergies _____	Seizure disorder _____	Stomach Problems _____
Insect Stings _____	Diabetes _____	Other _____

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions) _____

Date of last tetanus shot: _____ Name, dosage, and frequency of any medications that must be taken regularly or as needed: _____

Any swimming restrictions: Yes _____ No _____ Any activity restrictions; Yes _____ No _____ What restrictions? _____

If your child should require medical attention at camp for injuries received or illnesses contracted prior to coming to camp, please send us the information necessary to give your child proper medical service during your child's stay at camp. For special medical needs, please contact us prior to arrival: _____

Medical insurance: Your carrier will be billed for medical charges in case of accident or illness while at camp. Do you have medical insurance? Yes No
Please give name and policy number of insurance carrier: _____

Insurance Company _____ Policy Number _____

MEDICAL RELEASE

In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by Angeles Crest to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the first aid attendant on duty at Angeles Crest Christian Camp to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release.

Parent or guardian's signature _____ Relationship to child _____
(you may sign your own Release if you are 18 or older)
Print Name _____ Spouse's Name _____ Date _____



MINOR PARTICIPANT RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING ANGELES CREST CHRISTIAN CAMP FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Angeles Crest Christian Camp facilities, services, equipment and premises ("Facilities") and any participation in Angeles Crest Christian Camp programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Angeles Crest Christian Camp, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or death sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Medical Release

I hereby give my permission to the physician or dentist selected by Angeles Crest to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for the minor as deemed necessary if I am unable to give consent. I also authorize the first aid attendant on duty at Angeles Crest Christian Camp to administer medical aid as required for illness or injury under a physician's orders. The signature below is intended to serve as a medical release.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)