

This is information **required by Pinecrest** to be included in any registration form you chose to use OR you may choose to use this form, just duplicate and use.

***Pinecrest Christian Conference Center and / or:*** \_\_\_\_\_  
(Church group or Name)

**CAMPER / STAFF REGISTRATION (This is required by anyone staying as Pinecrest)**

Date attending camp: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Church / Group name: \_\_\_\_\_ Church / Group phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_  
Address: \_\_\_\_\_  
Home phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Parent or guardian: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ School District: \_\_\_\_\_

**CAMPER / STAFF HEALTH INFORMATION**

Name of Primary Medical Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_  
Physician name \_\_\_\_\_ Physician phone # \_\_\_\_\_  
Does camper have any allergies you would like us aware of? \_\_\_\_\_  
Does camper have any disease you would like us aware of? \_\_\_\_\_  
Does camper have any dietary modifications? \_\_\_\_\_  
Does camper have up to date immunizations? \_\_\_\_\_  
Date of last known Tetanus shot? \_\_\_\_\_  
Does Camper have any medical issues you would like us aware of? \_\_\_\_\_

**Check ALL applicable conditions**

Bee Sting or insect Bite Reactions	Recent Broken Bones or Other Injuries
Food Allergies	Date of Injury: _____
Hay Fever/Sinus Problems	Type of Injury: _____
Asthma      Sending RX	Activity Restrictions: _____
Back or Neck Problems	Recent Surgery
Bed-wetting (currently) Bowel Problems	Date of surgery: _____
Epilepsy or seizure disorder Fainting	Type of surgery: _____
Headache	Activity Restrictions: _____
Heart Condition	Vegetarian
Nose Bleeds	Sleep walking (history of)
ADD      ADHD      Sending RX	Diabetic      Type 1      Type 2
Child requires medical aide / supervision at all times	Special Ed      EIP      Psychiatric / Emotional Illness _____

**Non-Prescription Medication Available at Pinecrest**

The medications listed below are kept in stock; do not feel obligated to send any of these items. Please check each box below to indicate your permission for the listed medication to be administered by your Groups Nurse or an authorized staff member. We will not administer any medication without your authorization.

YES	NO		YES	NO		YES	NO	
		Benadryl (itch, insect bite, sinus)			Pepto Bismol (diarrhea)			Tylenol(head/muscle aches/cramps)
		Caladryl Lotion (poison oak)			Hydrocortisone Cream (itch/rash)			Cough Drops (cough)
		Mylanta/Tums (upset stomach)			Polysporin Topical (minor cuts/burns)			Milk of Magnesia (constipation)
		Robitussin (cough)			Betadine (disinfectant)			Ibuprofen (pain reliever, fever reducer)
		Claritin(allergies)			Non-Pseudo (sinus)			

**Prescriptions for minors:** (including Asthma/ADD/insulin/Epi-kit) any prescribed medicine or inhaler must be given the sponsoring organization for the camper's use under supervision. All medications must be sent in their original prescription container.

\*Are you sending prescription or non prescription medication with your child? **YES**\_\_\_ **NO** \_\_\_

\*If yes, please list and detail dosage information \_\_\_\_\_

*please initial all boxes and sign below*

\_\_\_\_\_**Authorization for Medical treatment - (INITIALS REQUIRED OR CAMPER CANNOT BE TREATED)**

**Initial**

The undersigned do hereby authorize Managers of Pinecrest LLC and/or Church/group listed as agents for the undersigned, to consent to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care for myself or listed family member, which is deemed advisable by the rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medicine Practice Act or any dentist licensed under the dental Practice act, at a hospital or elsewhere. The above mentioned agent is authorized to make decisions concerning the health and general welfare of myself or listed family member. I give permission to the medical personnel selected by Pinecrest to provide routine health care, to administer medications; to release may records necessary for insurance purposes: and to provide or arrange necessary transportation for myself or listed family member for the duration of the stay at Pinecrest.

\_\_\_\_\_**Physical Activity Release**

**Initial**

Pinecrest activities include, but are not limited to, **hiking, swimming, basketball, volleyball, soccer, archery skateboard park, rock climbing wall, trampoline bungee, jumper, softball batting cage, golf driving cage, zorh water hamster ball and zipline.** There are risks of physical injury or harm from participating in any of the activities listed above. I voluntarily elect myself or family member listed to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Pinecrest, its officers, employees, and agents and/or Church/group listed from all liability for any injury or harm to me or my family member listed from participating in said activities. I have read and understood this release. Please list any activities that are highlighted and italicized above that you do not want to have camper

participate in \_\_\_\_\_

**SIGNATURE OF ADULT CAMPER OR PARENT /GUARDIAN OF CAMPER**

X \_\_\_\_\_ **DATE** \_\_\_\_\_