

Camp Winchester Registration Health History and Examination Form

Staff Applicant's Name _____

Camp Session(s) Chosen: _____

Age ___ Birth date _____ Sex ___ Social Security # _____

Home Phone _____ Business/Cell Phone _____

Home Address _____

In case of an emergency, please notify:

1) Name _____ Home Phone _____

Relationship _____ Business/Cell Phone _____

2) Name _____ Home Phone _____

Relationship _____ Business/Cell Phone _____

3) Name of Dentist/Orthodontist: _____ Phone: _____

4) Name of Physician: _____ Phone: _____

Insurance Information:

Policy Holder: _____ Policy Holder's SS#: _____

Name of Carrier: _____ Group ID# _____

Address of Carrier: _____

City/ State/ Zip: _____

Phone # of Carrier _____ Account #: _____

Have you ever required any psychiatric counseling or hospitalization?

_____ (Dates) _____

Had operations or serious injury? _____ (Dates) _____

Do you have disabilities or recurring illnesses? _____

The following section is to be filled out ONLY IF you will be bringing medication to camp.

Prescribing Physician _____ Phone _____

Medication _____

Purpose for Medication _____

Dose _____ Frequency of doses _____

Duration _____

Is the medication in the bottle the same as what is printed on the label? _____

Are the instructions on the label the same as above? _____

****Please make sure you have brought enough medication to last the entire duration of your stay.****

Please give any additional information including any side effects, how long you have been taking this

medication, etc: _____

IMMUNIZATION HISTORY (all participants must fill out the following to the best of their ability)

Please record the date of basic immunizations and most recent booster doses:

Vaccines	Date	Date	Date	Date
DPT or TD or Td (Rubella Tetanus)				
Polio				
Measles				
Mumps				
Haemophilus influenza B (HIB)				
Other				
Tuberculin test given (most recent)				

If preferred, you may include a copy of your immunization record.

HEALTH HISTORY: Explain and/or give dates if applicable

Frequent Ear Infections Chicken Pox _____

Mononucleosis Measles _____

Heart Defect/Disease Mumps _____

Convulsions Diabetes _____

Nocturnal enuresis Rubella _____

Hypertension Asthma _____

Bleeding/Clotting Disorders _____

Health Examination by Licensed Physician: Last Date Examined: _____

(preferably within 12 months of start date of camp)

Height _____ Weight _____ Blood pressure _____

The applicant is under the care of a physician for the following condition(s) (please include explanation of treatment): _____

Explanation of any reported loss of consciousness, convulsion, or concussion:

Important Information

Camp Winchester is committed to conducting its programs and activities in a safe manner and holds the safety of participants in high regard. Camp Winchester continually strives to reduce risks and insists all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors participating in the programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities and programs. You are solely responsible for determining if you/your child/ward is physically fit and/or sufficiently skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way or recently suffered illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational activities/programs are intended to challenge and engage the physical and mental resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction, and other circumstances inherent to outdoor and indoor recreational activities/programs exist. It is impossible for the Camp Winchester to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully. By signing below you will expressly assume the risk and legal liability and waive and release all claims for injuries, damages or loss which you/your child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when and if provided.)

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that me/my child/ward may sustain as a result of said participation. I do hereby fully release and forever discharge Camp Winchester including their respective board, officers, employees, and volunteers from any and all claims for injuries, damages, or loss that my child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with these programs/activities.

Participant's Name (Please Print) _____

Participant's Signature _____

Parent or Guardian signature (for participants under 18 yr.) _____

Date _____

Participation can be denied if the signature of the parent or guardian (or signature of participant if over 18) and date are not on this waiver.

PHOTO RELEASE

I hereby give Camp Winchester permission to use photo images of the above listed participant for the purpose of promoting the Camp Winchester's programs in publications and on the Web. I agree that the images become the exclusive property of Camp Winchester and wave the rights thereto. *For privacy and protection of you/your child/ward his or her name will not be used on the Web.*

Participant's Signature

Date

Signature of Parent/Guardian if participant is under 18 yr.

Date

Equine activities sign this Participation, Assumption of Risk and Release

Camp Winchester requires that all participants in Equine activities sign this Participation, Assumption of Risk and Release form in order to be eligible to participate in equine activities.

The undersigned acknowledges and understands the following: 1. During Equine activities certain risks and dangers are present, and; 2. These risks may include physical or psychological damage and/or injury, not excluding fatality, due to accidents which may occur resulting from Equine activities.

The undersigned agrees that while participating, the participant will abide by all of the policies and procedures of Camp Winchester regarding Equine activities provided the participant in order to maintain the utmost level of safety for the participant.

Texas House Bill 28 took effect on September 1, 1995 and contains the following warning:

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

An Equine animal is defined as a horse or pony. An Equine activity is defined as riding, handling, training, driving, assisting in the medical treatment of, being a passenger on, or assisting a participant or sponsor with an Equine animal.

In consideration of the above, I have and hereby assume all of the risks of participation in Equine activities and will hold Camp Winchester and its employees, agents, trustees, officers, and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I/my child/ward now has or which may arise from or in connection with my partnership in Camp Winchester's Equine program and activities. I, along with my family or heirs, understand and agree that we cannot sue Camp Winchester, its employees, board members, officers, director, and if I do, I cannot collect any money. In addition, I will pay for Camp Winchester's attorney and court fees associated with any litigation I might bring against Camp Winchester, its employees, agents, trustees, officers, and affiliates. I also state that neither I am nor my child (if I am signing on behalf of my child) is under or will be under the influence of any chemical substance including alcohol, either at the time of signing this Agreement or at the time of participating in Equine activities. I fully understand that my child's physical activity involves the potential risk of injury. I also understand that my child's participation in Camp Winchester's Equine program and activities is entirely voluntary.

Signature of participant

Date

Signature of Parent/Guardian (for participants under 18yr.)

Date

In addition, should you/your child/ward need medical attention that the camp nurse cannot provide, he/she will be transported to a nearby medical facility. All campers will ride in Camp Winchester vehicles or Camp Winchester's staff's vehicles, driven by Camp Winchester staff, or if necessary, be transported by an emergency vehicle.

Your signature below demonstrates that you are aware of this necessity and that you consent to such transportation as described above.

Signature of participant

Date

Signature of Parent/Guardian (for participants under 18yr.)

Date

Participation can be denied if the signature of the parent or guardian and date are not on this waiver.