

JENNESS PARK CHRISTIAN CAMP CAMPER INFORMATION FORM

(To be completed by ALL CAMPERS, if Camper is under age 18 back must be signed by parent or guardian; both sides must be completed)

Group Name: _____ Dates of Camp: ___/___/___ - ___/___/___

Contact Information:

Name of Camper: _____ Age: _____ Date of Birth: ___/___/___ Sex (check): Male Female
Last First

Parent/Guardian of Camper: _____
Last First

Street Address City State Zip Home Phone Cell Phone

Email Address: _____ Please don't send me News Letters and other printed materials.

Emergency Contact: _____
Home Phone Cell Phone Work Phone

Family Doctor: _____ Insurance Company: _____ Policy #: _____
Office Phone

JENNESS PARK CHRISTIAN CAMP'S INSURANCE IS ONLY SECONDARY INSURANCE, AND BEGINS WHERE CAMPER'S HEALTH AND ACCIDENT INSURANCE POLICY TERMINATES, AND IS ONLY VALID WHEN OTHER INSURANCE HAS BEEN EXTENDED TO ITS LIMITS AND DEDUCTIBLE(S) PAID.

Health History:

Does the Camper have any physical, mental or other medical conditions and restrictions? If so, please explain: _____

Does the Camper have any known allergies to food, medication, insect bites or other allergens? If so, please explain: _____

Date of Last Tetanus Shot: ___/___/___

If Camper is under the age of 18, I, the undersigned parent or legal guardian, give Jenness Park Christian Camp permission to administer the following medication (or its generic equivalent) to Camper (check all that apply): Tylenol Ibuprofen Aspirin Benadryl Pepto Bismol Neosporin Sudafed

Camper is responsible for bringing to Camp all regularly required medications and dosages: Please list all medications brought to Camp:

- | <i>Name of Medication:</i> | <i>Frequency and Dosage Schedule:</i> |
|----------------------------|---------------------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

MEDICAL RELEASE:

If I, the undersigned, am injured as a Camper or cannot be reached in an emergency involving my child during the camp dates show above, I hereby authorized Jenness Park Christian Camp to give consent and agree, on my behalf, to pay for any emergency medical or dental care for me or my child under Family Code section 6910, as the case may be. This authorization includes the authority to give consent and agree, on my behalf, to pay for any injection, anesthesia, surgery or orthodontic care deemed necessary by, and to be rendered under the general or special supervision of a qualified physician, surgeon or dentist. I also authorize the health supervisor on duty at Jenness Park Christian Camp to administer medical aid as required for illness of or injury to me or my child.

Signature of Adult Camper or Parent/Legal Guardian of Minor Camper

Printed Name

Date

WHILE JENNESS PARK CHRISTIAN CAMP MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR EACH CAMPER, WE REQUIRE THAT THIS RELEASE BE READ, UNDERSTOOD, FILLED OUT SIGNED AND DATED BY THE ADULT CAMPER OR THE PARENT OR LEGAL GUARDIAN OF ANY CAMPER UNDER THE AGE OF 18.

1. Voluntary Participation/Permission. I, the undersigned, am (check one) a Camper of at least 18 years of age or the parent or legal guardian of the minor Camper named on the preceding page, and I acknowledge that I have voluntarily applied to participate in the activities that occur at, on, or around Jenness Park Christian Camp, or authorized my child to participate in the activities that occur at, on or around Jenness Park Christian Camp, as the case may be. I understand that these activities include, but are not limited to, swimming in the lake, boating, adventure recreation (including, but not limited to, zip line, leap of faith, Jacob’s ladder, climbing wall, and team building activities), archery, paintball, strenuous competition games, and other camp activities and exercises (collectively, the “Camp Activities”). I accept full responsibility for any injury or accident to me or my child, as the case may be, that may occur as a result of my participation or my child’s participation in any of the Camp Activities or attendance at Jenness Park Christian Camp.

2. Assumption of Risk. I AM AWARE THAT THE CAMP ACTIVITIES ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES OR PERMITTING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES, AS THE CASE MAY BE, WITH KNOWLEDGE OF THE DANGER INVOLVED. I FURTHER HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH TO ME OR MY CHILD, AS THE CASE MAY BE, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

3. Release. As consideration for me or my child, as the case may be, being permitted by Jenness Park Christian Camp and the Acts 2 Campus Network to participate in the Camp Activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Jenness Park Christian Camp or the Acts 2 Campus Network, or any of their respective employees, directors, officers, or agents, on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of Jenness Park Christian Camp or the Acts 2 Campus Network as a result of my participation in any of the Camp Activities.

4. Knowing and Voluntary Execution. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND JENNESS PARK CHRISTIAN CAMP AND THE ACTS 2 CAMPUS NETWORK AND SIGN IT OF MY OWN FREE WILL.

5. Use of Media. I acknowledge and agree that for promotional or marketing purposes, Jenness Park Christian Camp may use any audio, video, and/or photography of guests or Campers, which may include me or my child, participating in the Camp Activities or otherwise present at Jenness Park Christian Camp.

6. Indemnity. Should Jenness Park Christian Camp and/or the Acts 2 Campus Network, or anyone acting on their behalf, incur any loss, liability, damages or attorneys’ fees and costs to enforce this Release, I agree to indemnify and hold Jenness Park Christian Camp and the Acts 2 Campus Network harmless for any such loss, liability, damages, or attorneys’ fees and costs.

BY SIGNING THIS RELEASE, I ACKNOWLEDGE THAT IF THERE ARE ANY INJURIES OR PROPERTY DAMAGE DURING MY OR MY CHILD’S PARTICIPATION IN THESE ACTIVITIES, I AND/OR MY CHILD MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED ANY RIGHT TO MAINTAIN A LAWSUIT AGAINST JENNESS PARK CHRISTIAN CAMP OR THE ACTS 2 CAMPUS NETWORK ON THE BASIS OF ANY CLAIM WHICH HAS BEEN RELEASED HEREIN. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT, HAVE READ AND UNDERSTOOD IT, AND AGREE TO BE BOUND BY ITS TERMS.

Signature of Adult Camper or Parent/Legal Guardian of Minor Camper

Printed Name

Date

DECLARATION OF WITNESS

I certify that the signatory set forth above acknowledged in my presence that he/she read and fully understood the meaning and consequences of the foregoing ASSUMPTION OF RISK AND LIABILITY RELEASE, and signed it in my presence.

Signature of Witness

Printed Name

Date

Jenness Park Health Screening Procedure

For Groups Staying 3 or more nights

Description:

As an organized camp Jenness Park Christian Camp is mandated by California Health and Safety Code to require a “*health screening of any observable evidence of illness, injury, or communicable disease; to review and update each person’s health history; and to identify current medical treatment (including medication), allergies or dietetic restrictions (California Code Title 17, Division 1, Chapter 5, Subchapter 6, Article 8, Section 30750 (d)).*” This health screening is required for **all campers** within 24 hours of arrival at camp. To help expedite the process we are asking all guest groups to perform the health screening within 24 hours of arriving at camp. This health screening is not a physical, merely a screening of campers for contagious diseases prior to leaving for camp. Attached is the “Jenness Park Christian Camp Health Screening Form” which needs to be filled out in its entirety and turned in to the main office upon arrival.

Procedure:

1. Group leader and/or a designated adult (hereby referred to as the “health screener”) must perform health screening within 24 hours of departure for Jenness Park Christian Camp
2. Health Screener must check for any signs of illness, disease, or other serious injury as described in the three boxes on the health screening form, circling the applicable conditions in the appropriate columns A, B, C.
3. If any of the conditions listed are found in columns, describe on the lines provided below the boxes. If items are circled in columns A or B please keep student/individual home.
4. Health Screener needs to sign and date form.
5. Turn in completed health screening forms to the Jenness Park main office upon arrival at camp
6. The forms will be reviewed by the Jenness Park Health Supervisor.

For any questions, concerns, or comments please call the Jenness Park office at (209) 965-3735.

JENNESS PARK CHRISTIAN CAMP HEALTH SCREENING FORM

CAMP DATES _____

CAMPER'S NAME: _____

AGE: _____ DATE OF BIRTH: _____ SEX: M / F

CHURCH/CITY: _____

PARENT/GUARDIAN'S NAME AND PHONE: _____

IF YOU OBSERVE ANY ILLNESS, COMMUNICABLE (INFECTIOUS) DISEASE, OR INJURY AS LISTED BELOW IN THE THREE BOXES, DESCRIBE THE ITEM THAT WAS CIRCLED ON THE LINES PROVIDED BELOW.

A.	B.	C.
<p>ILLNESS (in the last 48 hours)</p> <p>MAY INCLUDE:</p> <p>NAUSEA, VOMITING, DIARRHEA, FEVER, SORE THROAT, RASH, OPEN SORES, PINK EYE, COUGH NOT RELATED TO ASTHMA</p>	<p>COMMUNICABLE DISEASE EXAMPLES:</p> <p>MEASLES, MUMPS, RUBELLA, POLIO, HEPATITIS, TETANUS, DIPHTHERIA, MENINGITIS, PERTUSSIS, INFLUENZA, <u>TUBERCULOSIS</u> ACTIVE (ON MEDICATION) OR INACTIVE (NEGATIVE CHEST X-RAY)</p>	<p>INJURY EXAMPLES:</p> <p>CASTED FRACTURES, RECENT HEAD INJURIES, AND/OR LACERATIONS THAT HAVE STITCHES OR STAPLES – MUST BE CLEARED BY DOCTOR</p>

If any items are circled in either column A or B please have the individual refrain from coming to camp.

*ALL ABOVE INFORMATION WILL BE KEPT CONFIDENTIAL AND ONLY SHARED WITH JENNESS PARK STAFF OR YOUR CHURCH COUNSELOR, IN ORDER TO PROVIDE ADEQUATE HEALTH CARE FOR YOUR CHILD WHILE AT CAMP. THANK YOU.

SIGNATURE OF HEALTH SCREENER: _____ Date _____

Official Use:

Reviewed / /

Supervisor _____