

# Round Lake Christian Camp Registration Form

**Participant Information:** **ONE FORM PER PERSON & PER CAMP SESSION PLEASE.** Thank you!

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender Male / Female  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Church Attending \_\_\_\_\_ City \_\_\_\_\_ Camper Baptized Yes / No \_\_\_\_\_  
 Church Discount Code if Applicable \_\_\_\_\_

## Parent/Legal Guardian Information

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 \*Junior Day Camp ONLY: Adult Attending – Birth date \_\_\_\_\_ Adult Attending Food Allergy? \_\_\_\_\_

**Camp or Retreat Session:** (See website for a FULL LIST [WWW.ROUNDLAKE.ORG](http://WWW.ROUNDLAKE.ORG))

**For Summer Camps:** Session Grade should be the grade camper will be entering in Fall

**For Retreats:** Session Grade should be the camper's current grade

Grade \_\_\_\_\_ High School Graduation Year \_\_\_\_\_

Name of Camp Session \_\_\_\_\_ Session Date: \_\_\_\_\_  
 Roommate Preference \_\_\_\_\_ Session Cost: \_\_\_\_\_

**Campers need to pay their FULL Tuition with this registration to reserve their spot.**

*See our website for detailed information on our Refund Policy under the FAQs section. Fees will apply.*

*Due to the nature of the programs, NO REFUNDS OR TRANSFERS ARE AVAILABLE FOR TRAVEL TRIPS*

**NOTE: THE FASTEST WAY TO REGISTER IS ONLINE AT [WWW.ROUNDLAKE.ORG](http://WWW.ROUNDLAKE.ORG)**

## **Camper Health Information:**

**Medical Conditions** - Check box below for those that apply

|                          |                      |                          |                              |                          |                          |
|--------------------------|----------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | ADHD                 | <input type="checkbox"/> | Diabetes                     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Anxiety              | <input type="checkbox"/> | Drug Allergy                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Asthma               | <input type="checkbox"/> | Insect Allergy               | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Autism               | <input type="checkbox"/> | PTSD/Childhood Trauma        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Convulsions/Seizures | <input type="checkbox"/> | Behavior Needs               | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Depression           | <input type="checkbox"/> | Other - please explain below | <input type="checkbox"/> | <input type="checkbox"/> |

Are there any other medical conditions we should be aware of?

Explain: \_\_\_\_\_

**Over-the-counter Medications** - Check box below for those you give pre-approval to be administered to your child as needed. Other medications please fill out a PRN medication form at check-in for any medications your child needs administered. (This form is also on our website.)

|                          |                        |                          |                    |
|--------------------------|------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Antihistamine/Benadryl | <input type="checkbox"/> | Headache / Tylenol |
| <input type="checkbox"/> | Eye / Ear Drops        | <input type="checkbox"/> | Inhalers           |
| <input type="checkbox"/> |                        | <input type="checkbox"/> |                    |

## Camper Food Allergies – Check box below for those that apply

|                          |                      |                          |                              |
|--------------------------|----------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Artificial Dye       | <input type="checkbox"/> | Peanuts                      |
| <input type="checkbox"/> | Artificial Flavoring | <input type="checkbox"/> | Shellfish                    |
| <input type="checkbox"/> | Eggs                 | <input type="checkbox"/> | Soy                          |
| <input type="checkbox"/> | Gluten               | <input type="checkbox"/> | Tree Nuts                    |
| <input type="checkbox"/> | Milk                 | <input type="checkbox"/> | Other – please explain below |

Are there any other food allergies or dietary needs we should be aware of?

Explain: \_\_\_\_\_

### **\*\*IMPORTANT – SIGNATURE REQUIRED BELOW\*\***

#### **RECREATIONAL ACTIVITY OF LIABILITY WAIVER OF CLAIMS. EXPRESS ASSUMPTION OF RISK AND INEDMUNITY AGREEMENT**

To attend Round Lake Christian Assembly-Round Lake Christian Camp, a copy of this waiver must be completed by a parent or guardian for every child. *Please read the waiver in full and be certain that you understand the implications of signing.*

#### **Express Waiver of Risk(s) Associated with Recreational Activities:**

- 1) Injuries sustained from any and all outdoor activities, such as running, jumping, hiking, swimming, biking, climbing, camping, cooking, engaging in sporting events such as basketball, volleyball, and more.
- 2) Injuries sustained from objects that are either natural or man-made, such as rocks, cliffs, trees, and campfires, or from misjudging trails or other terrain that induces slipping, falling, colliding or otherwise
- 3) Injuries and illnesses from swimming, diving, scuba diving, cliff jumping, impacting the water, and/or entering body orifices.
- 4) Injuries from hypothermia, heat stroke, dehydration, etc. from exposure to elements, such as rain, cold, excessive heat or the water in general.
- 5) Injuries or illnesses sustained from either plants or animals, such as poison ivy, poison oak, poison sumac, aggressive or biting pets, service animals, wildlife, or exposure to any plants or animals present within the camp in general.
- 6) Accidents, injuries, or illnesses occurring in remote locations where no immediate medical attention is available.
- 7) If any member of your event or group is sick or may have been exposed to any one with COVID-19 and attends an event or camp held at Round Lake, Round Lake is not responsible for the consequences therefor and waives all liability from the same.

***I UNDERSTAND THAT THE DESCRIPTION OF THESE RISKS IS IN NO WAY COMPLETE AND THAT ALL SUCH DANGERS, BOTH ANTICIPATED AND UNANTICIPATED, CAN LEAD TO ILLNESS, PERMANENT DISABILITY, DROWNING AND DEATH.***

#### **Release of Liability, Waiver of claims and Indemnity Agreement:**

In making it possible to participate in many of the above described activities and more, I both agree and acknowledge that:

- 1) I hereby release and hold harmless with respect to any and all illness, injury, disability, death, or loss or damage to a person or property - whether caused by negligence or otherwise - the following named persons or entities, herein referred to as Releases: Round Lake Christian Assembly, Round Lake Christian Camp, and any and all other camp programs of Round Lake Christian Assembly.
- 2) I hereby release the Releases, their officers, directors, managers, employees, representatives, agents, volunteers, and other vessels, from any and all liability and responsibility and for any claims that I, my estate, heirs, survivors, executors, or assigns or my child's, estate, heirs, survivors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the Releases or otherwise. By executing this document, I agree to hold the Releases harmless and identify them in conjunction with regard to any illness, injury, disability, death, or loss or damage to my or my child's personal property that can ensue from engagement in the full body of activities as stated above and otherwise.
- 3) I grant Round Lake Christian Camp and persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.
- 4) By entering into this agreement, I am not relying on any oral or written representation or statements made by the Releases other than that set forth in this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall still be enforceable.

### **\*\*IMPORTANT – SIGNATURE REQUIRED\*\***

**BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND NOT ONLY DO I FULLY UNDERSTAND ITS TERMS BUT I UNDERSTAND THAT I HEREBY RELEASE ALL LIABILITY AND THEREIN RELINQUISH LEGAL RIGHTS BY SIGNING THIS WAIVER. I ALSO SIGN IT FREELY AND VOLUNTARILY UNDER MY OWN FREE WILL WITHOUT ANY INDUCEMENT, COERCION OR OTHERWISE.**

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

# Round Lake Christian Camp Camper Registration Form Payment

PLEASE PRINT CAMPER'S FULL NAME: \_\_\_\_\_

Check – Amount Enclosed: \_\_\_\_\_

## CREDIT CARD PAYMENTS – FILL OUT REQUIRED INFORMATION BELOW

Cardholder's Full Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Cardholder's Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AMOUNT TO BE CHARGED \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date Month & Year: \_\_\_\_\_ / \_\_\_\_\_ Verification Number: \_\_\_\_\_

Card Type: (circle one) VISA MASTERCARD DISCOVER

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