

REGISTRATION FORM

CAMP
TRISTATE

Last Name _____ First Name _____ Age _____ Male Female

Home Phone _____ Cell Phone _____ E-mail Address _____

Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Phone _____ Relationship _____

Alternate Emergency Contact _____ Phone _____ Relationship _____

Parent/Guardian Name _____ Phone (if different from above) _____

Home Church _____ Pastor _____

Pastor's Phone _____ E-mail Address _____

Camp Tri State is committed to providing a safe camping experience and reserves the right to deny participation of any and all activities to any individual if, in the opinion of camp leadership, their participation represents a hazard to themselves or others.

HEALTH INSURANCE PROVIDER:

_____ Policy# _____ Date of most recent Tetanus Booster _____

Please indicate below any:

environmental allergies _____

medication **allergies**-----

chronic **illnesses**-----

Send Camper's medications in original bottle(s) with directions on the bottle(s). **Camp personnel will hold and dispense all medications!**

If there is any other medical information that the Nurse or First Aid person would need to know about the camper, please attach a separate sheet of paper.

For promotional purposes, videos and photographs are taken at all events and services. Your registration constitutes permission for RadForm Ministries and Camp Tri State to use your picture in promotional materials.

PARENT/GUARDIAN SIGNATURE REQUIRED:

Except for gross negligence on the part of Camp Tri State, the participant or parent/guardian accepts personal financial responsibility for any bodily injury sustained at camp. Further, the participant or parent/guardian promises to hold harmless Camp Tri State and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant or parent/guardian agrees to resolve the matter through mutually acceptable arbitration.

I hereby release the camper named above into the care of camp personnel and give my permission for him/her to be treated by Camp First Aid personnel and/or hospital or physician assigned in case of medical emergency. I/We assume full responsibility for the cost of any emergency medical treatment and recognize that every attempt will be made to reach me/us in case of emergency.

_____ Date _____

Signature of Participant or Parent/Guardian if participant is a minor.

CAMPER'S SIGNATURE REQUIRED:

_____ Date _____

I have read and agree to abide by the guidelines for clothing, cell phones and items not allowed at camp.

IMPORTANT

Checks should be made payable to **CAMP TRI STATE** and mailed to: **1216 S 4th St. Indianola, IA 50125**

REGISTER and PAY online at CampTriState.com