

Activity: Ravencrest

Date(s): **CIRCLE ONE:** Week A - June 27-July 3, 2010 OR Week B -July 4-10, 2010

Sponsoring Organization: Fellowship Bible Church of Northwest Arkansas

*Permission of parent is essential in order for a minor to participate. The following **MUST** be completed.*

As a parent or legal guardian to the below named applicant, I hereby give my permission to attend the above mentioned activity. I understand every precaution will be taken for his/her health and safety. However, I assume responsibility in case of illness, injury, or accident, and agree to hold Fellowship Bible Church harmless. My signature below also authorizes the Sponsors of Fellowship Bible Church to administer medical treatment or medical assistance to my child at any time, should it be necessary. Further, I give Fellowship Bible Church permission to use my child's photo/video in any of their publications or website. No information will be given out about my child to other entities outside of Fellowship.

Parent/Guardian Signature

Date

(Please Print)

Name of Participant: _____ Age: _____

Birthdate: ____/____/____ School: _____ Grade: _____ Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Parent Cell Phones: _____

Name of *Alternate Contact* in Case of Emergency: _____

Relationship: _____ Alternate Contact's Phone: _____

Medical Insurance Company: _____

Contract/Policy #: _____

<<<Please include a copy of the front and back of your insurance card>>>

Previous Surgeries: _____

Taking Medication: No _____ Yes _____, Name of Medication: _____

Asthma: No _____ Yes _____, Current Treatment: _____

Allergies: No _____ Yes _____, Current Treatment: _____

Special Needs: _____

RAVENCREST CHALET
AGREEMENT TO PARTICIPATE:
ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Please Read Before Signing

WHEREAS, THE UNDERSIGNED ("The Applicant") wishes to be accepted for participation in a youth retreat to be organized and conducted by RAVENCREST CHALET of Estes Park, Colorado: and in consideration of RAVENCREST CHALET'S action in allowing the applicant to participate in such program:

The undersigned acknowledge(s) that during the said youth retreat that the Applicant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of traveling mountainous terrain, depending on other people and being at various heights (ground to 50'), accident or illness in remote places without medical facilities, the forces of nature and travel by automobile, or other conveyance. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this youth retreat experience or other type of outdoor activities. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to the effects of high altitude and the elements of nature, including temperature extremes, and inclement weather. I further understand that medical treatment may be several hours away in the event of a medical emergency.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this youth retreat. I have listed on the Health Statement Form any medical condition that RAVENCREST CHALET should be aware of which may hinder my participation in the activities selected. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the selected activities.**

In consideration of, and as part payment for the right to participate in such a program and the services and food arranged for me by RAVENCREST CHALET, its Directors, Officers, Employees, Agents, and/or Associates, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the trip which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my program or participation in any other activities arranged for me by RAVENCREST CHALET, its Directors, Officers, Employees, Agents, and/or Associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue RAVENCREST CHALET and if I do I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against RAVENCREST CHALET. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this RAVENCREST CHALET program is entirely VOLUNTARY. I enter into this youth retreat trip and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

Name of Participant (Please Print) _____

_____ Date of Signature: _____

Signature of Participant (If Over 18)

_____ Date of Signature: _____

Signature of Mother (If Participant is Under 18)

_____ Date of Signature: _____

Signature of Father (If Participant is Under 18)

_____ Date of Signature: _____

Signature of Witness (Does not need to be notarized)

Dates Attending: _____

RAVENCREST CHALET HEALTH STATEMENT FORM

The proposed activities offered by Ravencrest Chalet require participation in physical exercises which are, by their nature, physically demanding. Many of the activities as well as being at high altitude will physically and mentally challenge you, both of which can cause surges in blood pressure and heart rates. It is imperative that you are free of medical or physical condition(s) which might create undue risks to yourself or any others who depend on you. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in these experiences, you should have a physical examination.

PLEASE COMPLETE ALL INFORMATION (it is required by our state regulations for adults and minors.)

(Please Print Neatly)

Name _____

Address _____

City, St., Zip _____ Home Phone _____

Birthdate _____ Age _____ Gender _____ Height _____ Weight _____

Emergency Information:

Parent/Guardian/Spouse Name(s) _____ Mother's daytime Phone _____ Father's daytime Phone _____

Email _____ Evening Phone(s) _____

Home Address _____

Address _____ City _____ State _____ Zip _____

Work Address _____

Address _____ City _____ State _____ Zip _____

If not available, notify _____ Relationship _____ Home Phone _____

Address _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Persons authorized to pick up child from camp: Name _____

Address _____ City _____ State _____ Zip _____

Any persons not authorized to pick up child from camp: _____

Health History: To be completed by parent/guardian or adult camp participant

MEDICATIONS:

Please list **ALL** medications (including over the counter or nonprescription medications) taken routinely. Bring enough medication to last the entire stay at camp. Medications must be in original packaging/bottle that identifies the prescribing physician (if a prescription drug) the name of the medication, dosage and the frequency of administration. This must be checked into the office at Ravencrest and be kept there for the duration of camp.

Please Check One ___ This camper takes no medication on a regular basis
___ This camper takes medications listed below, including over the counter medications:

Name of Medication _____
Reason for taking _____
Dosage _____
Specific times taken each day _____
Date medication began _____
Most recent change in dosage (if any) _____

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Reason for taking _____
Dosage _____
Specific times taken each day _____
Date medication began _____
Most recent change in dosage (if any) _____

ALLERGIES: Check those that apply to this camper

___ This camper has no known allergies
___ This camper is allergic to the following medication _____ Reaction _____
___ This camper is allergic to the following food(s) _____ Reaction _____
___ This camper is allergic to the following _____ Reaction _____

Concerns for this camper: Please check one

This camper can perform any activity provided by Ravencrest Chalet
 This camper has the following restrictions for physical activity _____

PLEASE ATTACH A COPY OF A RECENT PHYSICAL PERFORMED AND SIGNED BY A PHYSICIAN WITHIN THE LAST YEAR CERTIFYING THAT THE CAMPER IS IN GOOD HEALTH AND THEREFORE ABLE TO PARTICIPATE IN PHYSICAL ACTIVITIES

Billing information for Health Care:

Is this camper covered by family medical/hospital insurance? Yes No
If so, indicate carrier of plan name _____
Name of insured _____ Relationship to insured _____
Social Security Number of Policy Holder or Insurance ID number _____

REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all pre-scribed camp activities except as noted.

I hereby give permission to the medical personnel selected by Ravencrest Chalet, or its agents to order x-rays, routine tests and treatment as well as injection and/or anesthesia and/or surgery for me or my child as named above. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if Ravencrest Chalet, or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of Participant _____ Date _____
Signature of Parent/Guardian (if under 18) _____ Date _____
Signature of Parent/Guardian (if under 18) _____ Date _____
Witness _____ Date _____

PHOTO RELEASE AND FOLLOW UP

I certify that photographs and videotape pictures of my child's participation in the Ravencrest Chalet camp programs may be reproduced and utilized in promotional materials for camp. Follow up from camp will be done by the campers youth leader(s) and no information will be given about this camper to other entities outside of Ravencrest Chalet.

Signature of Parent/Guardian Date

**!!! YOU CAN EITHER FILL THESE LAST 2 PAGES OUT COMPLETELY,
OR JUST ATTACH A COPY OF THE PARTICIPANT'S SHOT RECORDS !!!**

COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL

Name _____ Date of Birth _____
Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

VACCINE		Enter date each immunization was given			
DTaP	Diphtheria-Tetanus-Pertussis (see footnote "c" below)				
Td/DT/Tdap	Tetanus-Diphtheria				
OPV/IPV	Polio				
Hib	<i>Haemophilus influenzae</i> type b				Required for children < 5 yrs. of age. (see footnote "j" below)
Measles	Measles				Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements. Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio, and hepatitis B is acceptable. Attach written proof to this Certificate or record test results and dates in the boxes at left.
Mumps	Mumps				
Rubella	Rubella				
HB	Hepatitis B				
Varicella	Chickenpox				History of disease. Yes _____ year (optional) _____ (see footnote "e" below)
Other					

To the best of my knowledge, the person named above has received the above immunizations.

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

Vaccine	Level of School/Age of Student								
	Child Care 2-3 mos	Child Care 4-5 mos	Child Care 6-14 mos	Child Care 15-17 mos	Pre-school 18-23 mos	Pre-school 24-35 mos	Pre-school 3-4 yrs	Grades K-12 5-18 yrs	College
Pertussis	1	2	3	3	4*	4*	4*	5 ^{b,c} *	
Tetanus/Diphtheria	1	2	3	3	4*	4*	4*	5 ^{b,d} *	
Polio ^e	1	2	2	2	3	3	3	4 ^f ,	
Measles/Mumps/Rubella ^{g,h}				1	1	1	1	2 ^h	2 ^{h,i}
<i>Haemophilus influenzae</i> type B ⁺	1	2	2	3/2/1 ⁱ	3/2/1 ⁱ	3/2/1 ⁱ	3/2/1 ⁱ		
Pneumococcal Conjugate ^{a,+}	1	2	3/2 ^k	4/3/2 ^k	4/3/2 ^k				
Hepatitis B ⁺	1	2	2	2	3	3	3	3	
Varicella ⁺					1 ^g	1 ^g	1 ^g	1 ^g	

See Table 2 (on back of certificate) for the year of implementation of Measles, Mumps, and Rubella (MMR-second dose) and Varicella (VAR).

Footnotes:

*—The requirements for the 4th and 5th doses of diphtheria, tetanus, and pertussis vaccines will be reinstated September 15, 2004.

+—Vaccine doses administered \leq 4 days before the minimum interval or age are to be counted as valid.

a—This requirement is indefinitely suspended.

b—Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at \geq 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required. Vaccine doses administered \leq 4 days before the minimum interval or age are to be counted as valid.

c—For students \geq 7 years who have not had the required number of pertussis doses, no new or additional doses are required.

d—Any student \geq 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose if it is given $>$ 6 months after the 2nd dose.

e—For polio, measles, mumps, rubella, or hepatitis B, in lieu of immunization, written evidence of a laboratory test showing

immunity is acceptable for the specific disease tested. For varicella, a laboratory test showing immunity or a disease history from a health care provider, parent, or guardian is acceptable.

f—Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given \geq 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required. Vaccine doses administered \leq 4 days before the minimum interval or age are to be counted as valid.

g—The 1st dose of measles, mumps, and rubella vaccine and varicella vaccine must have been administered at \geq 12 months of age (i.e., on or after the 1st birthday) to be acceptable. Vaccine doses administered \leq 4 days before the minimum interval or age are to be counted as valid.

h—If the student received a 2nd measles dose prior to July 1, 1992, the 2nd rubella and mumps doses are not required. The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose. Vaccine doses administered \leq 4 days before the minimum interval or age are to be counted as valid.

i—Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.

j—The number of *Haemophilus influenzae* type b (Hib) vaccine doses required depends on the student's current age and the age when the Hib vaccine was administered. If any dose is given \geq 15 months, the Hib vaccine requirement is met. For students who begin the series $<$ 12 months, 3 doses are required of which at least 1 dose must be administered at \geq 12 months (i.e., on or after the 1st birthday). If the 1st dose is given at 12-14 months, 2 doses are required. If the current age is \geq 5 years, no new or additional doses are required. Vaccine doses administered \leq 4 days before the minimum interval or age are to be counted as valid.

k—The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) \leq 6 months of age, 3 doses are required at 6-14 months and 4 doses are required at 15-23 months of age with 1 dose administered on or after the 1st birthday; (ii) 7-11 months of age, 2 doses are required at 6-14 months and 3 doses are required at 15-23 months of age with 1 dose on or after the 1st birthday; (iii) 12-23 months of age, 2 doses are required. If the current age is \geq 2 years, no new or additional doses are required. Vaccine doses administered \leq 4 days before the minimum interval or age are to be counted as valid.

