

*Hope Evangelical Free Church*  
**MIDDLE SCHOOL, HIGH SCHOOL**  
**and COLLEGE Retreat**  
July 31 - August 6, 2016

**OUR CHRISTIAN PURPOSE**

Our goal for the campers is to encourage the development of Christian faith and character through a creative program of Bible teaching, music, sports, outdoor recreation activities, group games and team building. They will be supervised by our Church's trained youth leaders and develop many friendships with other campers. The week is a great opportunity to experience the beauty of God's creation in a safe and wholesome environment.



**QUALITY FACILITIES AND SERVICE**

Campers will be sharing cabins that are furnished with bunk beds, carpeting, showers, sinks and flush toilets.

Campers will be served three meals a day by the camp's courteous staff.

The campground has outdoor basketball and sand volleyball courts, a swimming pool, archery, ping pong, a spacious grass field, ropes course, laser tag and campfire areas, indoor and outdoor chapels for singing, drama, arts & crafts and games. Koinonia also has hiking trails, a creek, snack bar and gift shop.

*The Camp is being held at Koinonia  
Conference Grounds located amidst  
majestic redwoods in the beautiful Santa  
Cruz area.*

*1605 Eureka Canyon Road  
Watsonville, CA 95076 (831) 722-  
1472*

**Registration Fee and Deadline:**

**\*\$395 by June 14<sup>th</sup>**

**Make checks payable to:**

Hope Evangelical Free Church

**Send payment and registration form to:**

Hope Evangelical Free Church c/o  
Pastor Damon Au  
3601 Noriega Street  
San Francisco, CA 94122

# Registration Form for Residence Camp at Koinonia Conference Grounds

## July 31, 2016 – August 6, 2016

### Camper Information

Name:			<input type="checkbox"/> Male		
			<input type="checkbox"/> Female		
	<i>First</i>	<i>Last</i>	<i>Gender</i>	<i>Grade in Fall</i>	<i>Friend of</i>
Address:					
	<i>Street Address, City, State, Zip Code</i>				<i>Cross Street</i>
Date of birth:		Home Phone: (    )		Cell Phone: (    )	

Please check this box if Camper needs to be driven home to an address that is different from the one listed above. Please write address on back of this page.

Email address to confirm registration  
 (\*If Camper under 18 years, provide parent/guardian's email):

### Emergency Contact Information

Name:		Relationship to Camper:	
Work Phone:	(    )	Alternate/ Cell Phone:	(    )
Name:		Relationship to Camper	
Work Phone:	(    )	Alternate/Cell Phone:	(    )

### AUTHORIZATION

By initialing the blanks below, you are agreeing with each statement:

\_\_\_\_\_ I authorize medical treatment to be given to me / Camper in the event of an emergency.

\_\_\_\_\_ I give permission for Hope Evangelical Free Church to use any photographs or video taken of me / Camper for future promotional use.

\_\_\_\_\_ I / Camper will adhere to all Rules of Conduct and Regulations of the Residence Camp ("Rules & Regulations"). If, at the Camp Director's sole discretion, it is decided that I have / Camper has violated the Rules & Regulations and I / Camper cannot be allowed to remain at the Residence Camp, I understand and agree that no refund will be given.

### RELEASE OF LIABILITY AGREEMENT ("AGREEMENT")

"Residence Camp" means residence camp at Koinonia Conference Grounds from July 31-August 6, 2016.

I hereby release Hope Evangelical Free Church ("HEFC"), its officers, directors, employees, members, volunteers, and agents (collectively, "HEFC Released Parties") of and from any and all actions, suits, proceedings, claims, demands, assessments, judgments, damages, deficiencies, liens, penalties, fines, costs and expenses, including reasonable attorneys' fees, resulting from, based upon, or arising out of any activity, accident or injury that occurs at the Residence Camp or en route to or from the Residence Camp.

I accept and assume all risks and injuries that may result from the Residence Camp, even if it arises out of negligence or carelessness on the part of the HEFC Released Parties

I agree that any lawsuit that is brought against any of the HEFC Released Parties relating to this Agreement or the Residence Camp shall be brought only in California. This Agreement shall be construed under and governed by the laws of the State of California, without reference to the conflict of laws rules. If any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I agree that I am executing this Agreement voluntarily and without any duress or undue influence.

**By signing this Agreement, I acknowledge that (i) I have had sufficient opportunity to read this Agreement; (ii) I understand the terms and consequences of this Agreement and the release it contains; and (iii) I am fully aware of the legal and binding effect of this Agreement.**

Camper's signature \_\_\_\_\_ Date \_\_\_\_\_

**\*If Camper is not 18 years, the parent/guardian's signature below is (1) authorization for minor to attend the Residence Camp and (2) express consent to the terms of the Authorization and Agreement above.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Location for drop off of Camper if *not* at home address:

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Street Address, City, State, Zip Code and nearest cross street

\*If Camper is *not* 18 years, then parent/guardian must sign below to agree to different drop off location:

Signature: \_\_\_\_\_

Office Use: Date: \_\_\_\_\_ Received by: \_\_\_\_\_  Entered  Check #: \_\_\_\_\_  KCDC \_\_\_\_\_  Other: \_\_\_\_\_

**Koinonia Conference Grounds  
2016 Camper Health Form**

**PLEASE SUBMIT A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS WITH THIS FORM.**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age at Camp: \_\_\_\_\_

Gender:  Male  Female Camp Dates: \_\_\_\_\_

The information provided on this form will be used to brief kitchen staff about nutritional needs, educate Cabin Leaders & the Camp Director about camper needs, and provide Healthcare Staff with background about your child. Receiving adequate information at least two weeks prior to your child's arrival is crucial to our ability to provide the proper supportive environment. Please read and complete this form thoroughly.

**HEALTH HISTORY:** To be completed and signed by parent or guardian. Please keep a copy for your records and to record changes in your child's health status. Please notify Koinonia Conference Grounds in writing if there are any changes.

**ALLERGIES:** Please mark those that apply to this camper.

This camper has no known allergies.

This camper has an allergy to the following: (List all foods, medications, and substances) \_\_\_\_\_

Does this cause anaphylaxis?  Yes  No  Unknown

Please describe allergic reaction (if any) and what steps are taken to manage it (attach additional information if needed): \_\_\_\_\_

**NUTRITION:** We are able to work with some medically prescribed diets but are unable to cater to individual food preferences. Please mark those that apply to this camper. Please call if you have any questions.

This camper eats a regular, varied diet

This camper is on a special diet

(Our expectation is that the camper will bring his/her own supply of products (such as Lactaid and gluten-free items) and will contact the camp nurse when the supplement is needed.)

**CHRONIC CONCERNS:** Please mark all that pertain to this camper and provide information about supportive health care.

This camper has no chronic health concerns and is capable of full participation in this program.

This camper has the following chronic health concern(s):

Asthma

Headaches

Sleepwalking

Diabetes

Hearing Difficulties

Menstrual Cramps

Frequent ear infections

Bedwetting

Bee Sting Allergy

Seizure Disorder

Surgical History

Fainting

Fears/Phobias

Other (please describe): \_\_\_\_\_

Please provide information about supportive health care needed for each marked item (if any): \_\_\_\_\_

Date of camper's last physical exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (must be within 12 months of camp)

If *Surgical History* is marked above, please explain: Date of Surgery: \_\_\_\_\_ Type of surgery: \_\_\_\_\_

Are all symptoms resolved?  Yes  No - Please explain: \_\_\_\_\_

Is the camper cleared by parent and physician for active camp participation?  Yes  No Date of last Tetanus shot: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

Camper's Dentist: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**MEDICATIONS:** All medications MUST be in original, pharmacy-provided containers and appropriately labeled. Please attach a note if the camper has been taking current dose for less than three months prior to arrival or if there are any changes.

This camper does not take any medication.

This camper takes daily medication:

1. Medication: \_\_\_\_\_ Reason for Taking: \_\_\_\_\_

Dose Taken: \_\_\_\_\_ How often each day? \_\_\_\_\_

2. Medication: \_\_\_\_\_ Reason for Taking: \_\_\_\_\_

Dose Taken: \_\_\_\_\_ How often each day? \_\_\_\_\_

3. Medication: \_\_\_\_\_ Reason for Taking: \_\_\_\_\_

Dose Taken: \_\_\_\_\_ How often each day? \_\_\_\_\_

**MEDICATIONS (continued):**

The following medications, stocked in the Gauze Pad/Health Center, are used to manage illness or injury and dispensed as directed by our medical protocols. Generic form may be used. Please cross-out any medicine your camper **should not** be given:

Acetaminophen (Tylenol)	Chamomile Tea	Guaifenesin/DM (Cough Med)	Kaopectate/Anti-Diarrheals
Aloe	Cough Drops	Hydrocortisone Cream	Nix
Antacid	Decongestants	Ibuprofen (Motrin)	Tinactin
Bismuth liquid/tabs	Diphenhydramine (Benadryl)	Insect Repellent	Triple Antibiotic Cream
Calamine Lotion	Dramamine	Iodine Swabs	

**MENTAL, EMOTIONAL AND SOCIAL HEALTH:** Please mark YES or NO for each statement.

1. This camper has been diagnosed with ADD or ADHD ..... Yes No
2. This camper has psychiatric diagnosis such as depression, OCD, panic/anxiety disorder ..... Yes No
3. This camper has an emotional health concern ..... Yes No
4. During the past academic year, this camper has seen or is currently seeing a professional to address mental/emotional health concerns. .... Yes No  
If yes, please specify: \_\_\_\_\_
5. This camper has had a significant life event that continues to affect the camper's life ..... Yes No  
If yes, please provide written information about the event.

**WHAT HAVE WE FORGOTTEN TO ASK?** Please provide additional information about your child's health which may have been neglected on this form. We are particularly interested in information which has impact upon your child's ability to fully participate in our active camp program.

**BILLING INFORMATION FOR HEALTH CARE:** Parents/Guardians are financially responsible for health care given by an out of camp provider. To whom should this provider route charges for your campers health care if the need arises? **Please include a copy of an insurance card.** Please copy both sides of the card so addresses and telephone numbers are readable.

This camper is not covered under an insurance policy.

This camper is covered under the following health insurance:

Insurance Company: \_\_\_\_\_ Policy/Member #: \_\_\_\_\_

Insurance Company Telephone: (\_\_\_\_\_) \_\_\_\_\_ Name of Subscriber: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT CONTACT INFORMATION:** We will call in the event of an emergency or if we have questions about your child. Please provide contact information for other people who know your child and with whom we can consult if we cannot reach you. We will assume you have spoken with these individuals and that they are willing to assist, should the need arise.

Custodial Parent/Guardian: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Camper Lives With (name): \_\_\_\_\_ Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Evening Telephone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT AND AUTHORIZATION FOR HEALTH CARE:** This health history is correct and the camper described has permission to participate in all camp activities, except as noted by me and/or the examining physician. I will not hold Koinonia Conference Grounds or its agents liable for injury caused by common accident, illness, or the rendering of emergency care. I give permission for this child to be transported to and from any offsite locations in emergency situations (if any) by authorized vehicles. Koinonia Conference Grounds has my permission to obtain a copy of my child's health record from the providers who treat my child. I understand that information about my child's health will be shared on a "need to know" basis with other Koinonia Conference Grounds staff. I give permission to the physician selected by Koinonia Conference Grounds to order X-rays, routine tests and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. This form may be photocopied. By signing below, I give permission to Koinonia Conference Grounds to use video or photography of me or my family members for promotional purposes.

**\*SIGNATURE OF CUSTODIAL PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_