

# Camp Copass

8200 E. McKinney St., Denton, TX 76208-2025  
940-565-0050 \* 940-382-9984 fax \* 800-303-2103 TX only

## Health and Registration Form

Please complete prior to arrival at camp.

Name \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street or Mailing Address City State Zip

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parents' or Guardians' Names \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Church or Group you are with \_\_\_\_\_

Either provide dates below or attach a current copy of child's immunization record: DO NOT mark "CURRENT" below.

General Health	Immunization Dates	Allergies
Heart	Asthma	Polio
Lungs	Fainting	Mumps
Eyes	Nosebleed	Measles
Ears	Skin Rash	Rubella
Throat	Emotional	DPT and/or TD
		Food
		Insects
		Penicillin
		Other

Serious Illness \_\_\_\_\_ Date \_\_\_\_\_

Was the camper well when leaving for camp? \_\_\_\_\_ If not, explain; please be specific \_\_\_\_\_

Is the camper able to participate in all recreational activities? \_\_\_\_\_  
 If not, explain in detail \_\_\_\_\_

**Medications** – Please list all medications the camper is taking \_\_\_\_\_

**If there are any medications your child may need while at camp (such as inhalers, prescriptions), send them in the original container to the camp nurse.**

Permission to administer: Aspirin? Y N Tylenol? Y N Ibuprofen? Y N Benadryl? Y N

**ALL PRESCRIPTIONS & MEDICATIONS ARE TO BE GIVEN BY CAMP NURSE**

**Insurance Information**

Name and Address of Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_  
 \_\_\_\_\_ Group# \_\_\_\_\_  
 \_\_\_\_\_ Name of Insured \_\_\_\_\_

**Medical Emergency/Media Authorization Agreement**

\_\_\_\_\_ (Camper's Name) has my permission to engage in prescribed activities, except as noted by me. I also understand that CAMP COPASS may choose to use my child's photo for promotional purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery or any other medical treatment that may be deemed necessary to insure the well-being of the above named, due to sickness or accident while attending camp at CAMP COPASS, or en route to or from the camp. I also authorize the camp personnel or adult counselor to transport my child at their discretion in case of an emergency.

We represent to you that we and the participant hold Camp Copass, its agents, employees and representative harmless from all liability arising as a result of the conduct of the participant and agree to defend and indemnify Camp Copass, its agents, employees and representatives against any claim or liability arising as a result of such conduct.

I would like to receive future mailings from Camp Copass.

Parents'/Guardians' Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Camp Copass**  
**Ropes Course Release Form (for persons age 6<sup>th</sup> grade & up only)**  
**Agreement to Participate; Assumption of Risk and Release of Liability**  
**PLEASE READ BEFORE SIGNING.**

Whereas, THE UNDERSIGNED, \_\_\_\_\_, ("the PARTICIPANT") wishes to participate in a ropes course experience organized and conducted by a certified ropes course facilitator employed by Camp Copass of Denton, Texas; and in consideration of CAMP COPASS's action in allowing the participant to take part in such a program.

The undersigned acknowledges that during the said ropes course experience the participant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to, travel to and from the CAMP COPASS facilities, the hazards of walking over uneven camp terrain, depending on other people and being at various heights (ground to 50'), accident, and the forces of nature. 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 ropes course experience or other type of activities, whether conducted outdoors or inside an CAMP COPASS facility. 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 is a minimum of ten miles away in the city of Denton, Texas in the event of a medical emergency.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this ropes course experience. I have listed on the health and registration form any medical condition that CAMP COPASS should be aware of which may hinder my participation in the ropes course experience.

In consideration of, and as part payment for the right to participate in such an experience and the services and food arranged for me by CAMP COPASS, its Supporting Churches, 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 CAMP COPASS, its Supporting Churches, 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 CAMP COPASS, 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 CAMP COPASS. I also state that I am not under, and will not be under the influences 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 CAMP COPASS program is entirely VOLUNTARY. I enter into this experience and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

**FOR MINORS:** As parent or guardian of \_\_\_\_\_, the undersigned, I hereby state that I have read, I understand, and I willingly grant my permission for \_\_\_\_\_ to participate in the ropes course experience at CAMP COPASS of Denton, Texas. I agree to all of the terms stated above in their entirety.

\_\_\_\_\_  
Parent/Guardian Signature (for participants under age 18)

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Signature of Participant/Date

\_\_\_\_\_  
Signature of Witness/ Date