

Adventure Camp at Camp Paddy Run

July 22-26, 2018



LAST DAY to return this FORM: Monday, July 9

Registrations will be honored on a first come-first serve basis.

If we reach capacity, we may have to turn campers away. **SO REGISTER NOW!**

CAMPER AGE: Campers going into grades 7- 12 in the fall of 2018 may attend. **Grade (next fall):** _____

Camper name: _____ **Height:** _____ **Weight:** _____ *needed to fit gear*

Sex: _____ **Age:** _____ **Birthday:** _____ **Home Church (if any):** _____

Address: _____ **Email:** _____
(street/route) (city) (State) (zip)

Parent's/Guardian's Name: _____ **phone:** _____

Parent's/Guardian's Name: _____ **phone:** _____

* please list home, work and cell phone numbers.

In case of emergency, contact: Name: _____ Phone: _____

Relationship to camper: _____

CAMP RULES AND DISCIPLINARY POLICY: I understand that by registering my child to attend Adventure Camp at Camp Paddy Run, I am entering into a covenant with the Paddy Run Outdoor Ministry Committee of Shenandoah Presbytery in which I agree to abide by the polices of the camp as stated in the brochure and this registration / medical form. In case of severe disciplinary problems, I understand that I will be called to pick up my child at the Camp. I also understand the Camp does not have a nurse on its staff. If my child is traveling from West Virginia, he/she has permission to travel with the group to Camp Paddy Run and other locations in Virginia for outdoor adventure. **THIS SIGNED FORM IS DUE BEFORE PARTICIPATION IN THE EVENTS AND ACTIVITIES OF ADVENTURE CAMP.** *Signature space can be found at the bottom, opposite side of this form.*

***\$\$ Please make checks payable to: \$\$*
'Camp Paddy Run'**

Mail this form & payment to:

Camp Paddy Run
Attn: Amy Tubbs
12520 Basswood Drive
Manassas, VA 20112

Questions? Call 540-692-9029

Financial assistance is available in the event you are unable to afford the registration fee.

Payment information

Camper registration: \$120 per camper \$ _____

Additional donation:
Please accept this additional donation to help other youth attend this camp. \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

**Make checks payable to 'Camp Paddy Run'

****OVER: Medical Information & Release for ALL CAMPERS:** Please complete the back of this form. Parent or Guardian be sure to sign the release at the bottom of the page.

Medical Information- ALL CAMPERS

Is this camper in general good health and able to participate in all normal camp activities? __YES __NO

If 'No' please explain: _____

Does your child have problems with any of the following?

Hay Fever	Fainting	Penicillin	Bee Sting	Convulsions
Asthma	Poison Ivy	Sulfa	Allergies	
Other (name) _____:				

If any of the above is YES, please submit a statement of how the child has been treated and with what medication. Proper medication must be brought to camp and given to the Camp Director. All immunizations will be the responsibility of the family in consultation with your family physician or clinic. Give the most recent date of

DPT Series _____ DPT Booster _____ Polio Series _____ Polio Buster _____

Mumps _____ Tetanus Booster _____

Operations or serious injury and dates: _____

Food/Allergy Restrictions: _____ Medication Allergies: _____

Does this camper know how to swim? Yes No

If the camper is to use an inhaler or Epi-pen, please be sure it is sent to the camp and notify staff.

Please attach a note to indicate any physical, emotional, or psychological problem that will help us provide the best possible experience for your camper.

INSURANCE AND MEDICAL SERVICES: THE CAMPER'S FAMILY HEALTH INSURANCE IS USED FIRST.

Camp insurance covers, only if there is no family insurance. In case of emergency, Camp Paddy Run uses available physicians in Strasburg, Stephens City, VA, and the Winchester Medical Center in Winchester, VA. Camp Paddy Run does not provide an on-site nurse. We are approximately 3 miles from the Star Tannery Volunteer Rescue Squad.

Please give the date of the most recent physical examination:

Date: _____ Doctor: _____

Address: _____ Phone: _____

In signing this application, I hereby certify that the above information is correct and give permission for the use of photographs or videos including my child in camp publicity; for my son or daughter to be transported in privately owned vehicles to and from the camp which is in Virginia, or for approved out-of-camp activities, and for the release of medical records in case of illness or accident.

In case of emergency, I understand that every effort will be made to contact parents or guardians of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and order injections, anesthesia or surgery for my child named herein. Furthermore, I release Camp Paddy Run and the staff from all responsibility in case of illness and/or accident.

Family Health Insurance Company: _____

Policy No.: _____ Date: _____

Signature of Parent or Guardian:

OUTDOOR ADVENTURE EXPERIENCES, INC

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

*****READ BEFORE SIGNING*****

Participant Name _____

In consideration of being allowed to participate in any way in the program, related events and activities (hereafter called the **Program**), I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant during all phases of the activity, including the potential for permanent paralysis, disability and death. **These risks include but are not limited to:** Equipment failure and/or malfunction of my own or other’s equipment; my own negligence and/or the negligence of others; Attack or encounter with insects, reptiles and/or animals; Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident; Outdoor activities include but are not limited to risks of exposure to elements, excessive heat, hypothermia, motorized accidents, impact of the body upon the water, injection of water into my body orifices, exposure to animals with the risk of them kicking, biting, shying away, running off or otherwise moving in an unanticipated manner causing injury and/or death. **I agree to wear any necessary safety equipment provided to me and recognize that failure to do so increases the potential for severe injury or death and absolves the RELEASEES from any liability whatsoever.**

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation in the Program.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I recognize that it may be necessary for the (Releasees) to refuse or terminate my participation if I am judged to be incapable of meeting the rigors or requirements of the Program. I accept the (Releasees) right to take such actions for the safety of myself and/or other participants. I will not engage in any activity beyond my capabilities and will not cause any third party to be endangered by any of my actions during the program.

5. I warrant and represent that I am in good health and have no physical or mental limitations or problems that would affect my safe participation or the safety of others in the program and have not been advised otherwise by a qualified medical person.

6. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.

7. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE OUTDOOR ADVENTURE EXPERIENCES, INC.**, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, permit grantors, independent contractors, sub-contractors and, if applicable, owners and lessors of premises used to conduct the **Program (RELEASEES)**, from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant’s Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child’s involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency Phone Number(s)