

2017 Tanglewood Christian Camp

Summer Registration Form for a Non-Supporting Church

P.O. Box 128 Lexington, Texas 78947 Phone: 512-446-3021

E-mail: tanglewoodccamp@gmail.com

Webpage: www.tanglewoodchristiancamp.com

Please **print in blue or black ink** and return the registration form to the church with whom the camper is attending. This form **must be filled out completely and signed**. If you are under 18 years of age or are still a student, you must have a parent or guardian sign the medical release form. Please read and familiarize yourself with the camp rules as by registering you are agreeing to abide by them. Registration payments should be made to the church and the church will send one check for registration to the camp. Please be aware that **TWCC will refund all but \$40 of the registration fee if a camper does not attend. Refunds will be made by request only.** **The below fees are what TWCC charges. You may pay additional charges to your church for transportation and travel.**

*******Sponsors pay \$100 per week of camp, except for 1st and 2nd grade camp.*******

Check the week(s) you will be attending.

Your Church Added Charge \$ _____
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_____ 9 th - 12 th Grade June 11 – June 16, 2017
\$195 by May 30 th \$225 after May 30 th

_____ 6 th – 8 th Grade Camp June 18- June 23, 2017
\$195 by May 30 th \$225 after May 30 th

_____ 3 rd thru 5 th Grade Camp June 25– June 30 , 2017
\$195 by May 30 th \$225 after May 30 th

_____ 1 st & 2 nd Grade Camp (parent/child) June 24 thru 26, 2016 (parent and child must each fill out a separate form)
\$100 a pair (parent/child) by May 30 th \$125 after May30 th each additional child \$40

_____ Snack Bar bracelet & shirt \$20.00 (circle shirt size) c med a sm a med a lg axlg axxlg (If you purchase a shirt by the pre-registration date, the shirt will be given to you when you arrive at camp. If you do not pre-order a shirt, you may not be able to purchase one later. The snack bracelet allows the camper 2 snacks per day)

Check one: ___ Sponsor ___ Camper Bunk request: ___ top ___ bottom

Full Name: _____ ___ Male ___ Female Grade Entering Into: (campers only) _____

Birth date: _____ Home Phone: _____ Cell phone: _____

Address: _____ City, State: _____ Zip: _____

Church you are attending with: _____ Sponsor Name: _____

TO BE CONSIDERED REGISTERED, ALL PAGES OF THIS FORM MUST BE COMPLETED AND SIGNED. NOTE TO CHURCH: PAYMENT MUST BE RECEIVED AT THE TIME OF REGISTRATION.

MEDICAL RELEASE FORM

List communicable diseases, serious illnesses, or surgeries which have occurred in the past 12 months: _____

List any known drug reactions/allergies: _____

Immunization Record



LAST NAME	FIRST NAME	M.I.	BIRTHDATE (MM / DD / YY)
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MEDICAL NOTES (allergies, vaccine reactions, etc.)

INSTRUCTIONS
 Record the Type (HepB) and the Date (m/d/yy) for each vaccination given. For combination vaccines (like Hib-HepB), complete a row under each separate antigen in the combination. Take a copy of your Immunization record with you when you visit a healthcare professional. Have them assist you in completing the form. For information about the vaccines and recommended immunization schedules, see the Center for Disease Control and Prevention website at <http://www.cdc.gov/vaccines>

Vaccine	Type	Date Given (m/d/yy)	Administered By (clinic, doctor, etc)	Next Dose Date
Hepatitis B <small>(HepB, Hib-HepB, HepA-HepB, DTaP-HepB-IPV)</small>				
Diphtheria, Tetanus, Pertussis <small>(DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib) boosters</small>				
Haemophilus influenzae type b <small>(Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib)</small>				
Pneumococcal <small>(PCV7, PCV13, PPV23)</small>				
Polio <small>(IPV, OPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)</small>				
Rotavirus <small>(RV1, RV5, RV [unknown])</small>				
Measles, Mumps, & Rubella <small>(MMR, MMRV)</small>				
Varicella (chickenpox) <small>(VAR, MMRV)</small>				

Vaccine	Type	Date Given (m/d/yy)	Administered By (clinic, doctor, etc)	Next Dose Date
Hepatitis A <small>(HepA, HepA-HepB)</small>				
Meningococcal <small>(MCV4, MPRV4)</small>				
Human papillomavirus <small>(HPV4, HPV2)</small>				
Zoster (shingles)				
Influenza (yearly) <small>(TIV, LAIV)</small>				
Other				

Immunization Record Template © 2010 Vertex42 LLC.
 See Vertex42.com for additional Schedules and Templates.

List any medications being taken:

Medication	Dosage/ Frequency	Physician Name & Phone Number

ALL MEDICINE IS TO BE LEFT WITH & DISPENSED BY THE CAMP NURSE, AND MUST BE IN THE ORIGINAL BOTTLES FROM THE PHARMACY/STORE

Who must be notified in case of an emergency? _____ Relationship _____
 Home# _____ Work# _____ Cell# _____
 Insurance Co. _____ Policy# _____ Doctor's Name _____

In case of emergency: I hereby give permission to the physician selected by the camp management to hospitalize, secure proper treatment for, and to authorize medication, injection, anesthesia or surgery for my child/children as named on this form. I understand that reasonable effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered. Insurance will not cover any illnesses or any pre-existing conditions such as asthma or other illnesses or for accidents involving skateboards, rollerblades, roller skates, scooters, etc. I understand Tanglewood Christian Camp will file all claims, except for my personal medical insurance claims, and understand Tanglewood Christian Camp's Notice of Privacy and Practices uses and discloses health information about my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I, the undersigned parent or guardian, hereby consent to my child participating in the retreat at Tanglewood Christian Camp. I certify that my child is able to participate in all activities including but not limited to: swimming pool activities, waterfront activities including blobbing, climbing wall, fishing, challenge courses, basketball, & field sports including, but not limited to softball, baseball, soccer, and volleyball. I hereby release Tanglewood Christian Camp from any responsibility other than reasonable supervision and care. In case of an accident, I will not hold Tanglewood Christian Camp or its staff members, management, or officers liable unless guilty of gross negligence. I further state that I have carefully read the medical release and all the above information thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and have understood.

Parent/Guardian Signature: _____ Date: _____

I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the camps rules, and my child and I both agree that he or she is familiar with these rules and will obey them. I understand that all campers are to abide by the rules and obey the Camp Dean, Manager, Nurse, and Staff. Should my child be sent home for discipline problems, I will provide transportation from the camp premises. I further give permission and consent to Tanglewood Christian Camp for any photographs, videotapes, and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Tanglewood Christian Camp with the right reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally. I undertake not to prosecute or to institute proceedings, claims or demands against Tanglewood Christian Camp or any of their employees related to any actions of Tanglewood Christian Camp taken in accordance with this paragraph. I further state that I have carefully read the camp rules and information and explained such to my child or ward who is attending the camp. I, and my child or ward, agree to abide by and obey the camp rules. For and in consideration of my child or ward being allowed to attend the camp, I, for myself, my child, and our heirs and assigns, agree to indemnify, hold harmless, and defend, and release Tanglewood Christian Camp, its directors, officers, employees, agents, counselors, sponsors, and their respective heirs, successors and assigns from all damages (including personal injury or death of myself or my child or ward, and property damage) of any kind resulting from the actions and omissions of said persons or entities.

Campers Signature: _____ Date: _____
 Parent/Guardian Signature: _____ E-mail Address: _____

ATTENTION SPONSORS:

You must provide the following information in order for the camp to run a background check and to be able to attend camp. This is a safety measure that the Executive Board has instated to protect the campers. A sponsor **MUST** be 16 years of age or older. You **MUST** be at least 3 years older than the age of the campers that you are a sponsoring.

Social Security # _____ E-Mail Address: _____ (in case we need to contact you.)
 DL# _____ Birthdate: _____

Have you ever been charged with or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes _____ No _____ Have you ever worked in a ministry involving children or youth ? Yes or No If yes, Where? _____ In what capacity? _____

The information on this application is true and correct to the best of my knowledge.

I authorize the camp to run a criminal background check on me if I am attending the camp in a sponsors capacity.

Sponsor Signature: _____ Date: _____

YOU MUST HAVE COMPLETED THE CHILD ABUSE PREVENTION COURSE WITHIN THE LAST 12 MONTHS. IF YOU HAVE NOT, YOU WILL NEED TO TAKE IT AND SEND IN THE CERTIFICATE WITH YOUR FORM. This course is available on the camp website.

Camp Rules

Camp rules are designed to preserve an atmosphere of Christian growth and to insure the safety of the campers. Please read them as campers are responsible for abiding by them.

1. Participate in all activities unless the Camp Nurse says you can't.
2. **Stay on the campgrounds for the duration of camp. No one will be allowed to leave camp, then return to finish that week of camp for any sporting event, concert, etc.**
3. After lights out, stay in the dorms until morning. Campers are prohibited to leave the dorm without permission from a dorm parent.
4. Don't take food or drink into the dorms. This will help keep bugs, rodents, and snakes outside where they belong.
5. **Turn in all medications to the Camp Nurse when you arrive; this includes Sponsors.** The Camp Nurse must dispense all medications. Report all illnesses and injuries to the Camp Nurse immediately.
6. Behave yourself – don't use any form of tobacco, intoxicants, (legal or otherwise) while at camp. Don't use profane language. No fighting.
7. **Dress in keeping with the highest Christian standards while at camp. Show modesty in your choice of clothing. No occult or cult symbols. No two-piece swimsuits or shirts that bare your middle. No spaghetti straps, showing of undergarments, and no midriffs showing. These guidelines are for the sponsors as well.**
8. **Wear proper footwear. This will help you avoid snakebites and other foolish injuries. Minors must wear fully enclosed shoes at all times except to the pool or in the shower. It is recommended that adults conform to the same standards.**
9. **Don't bring CD players, personal gaming devices, cell phones, iPods, or other electronic devices to camp; they may get stolen or broken. No roller blades, roller skates, skateboards, scooters, explosives, lighters, or weapons of any kind are allowed on camp grounds. Camp helps children and youth learn to be independent individuals, while living as part of a secure, protected environment. Telephone contact should only occur if there is an emergency. Receiving calls from home usually makes the camper homesick and defeats the purpose of the camp experience.**
10. Don't climb over the pool fence. When the pool is open the lifeguard has the authority to have anyone leave the swimming pool area. Sponsors are not permitted to swim with the campers. **Do not go to the Blob until directed by the Dean/Co-dean. The Blob is off limits any other time of the day or night.** The rules for the blob are set by the company that built it and we HAVE to follow those rules, campers and sponsors.
11. **Any camper who is unwilling to abide by ANY of these camp rules may be sent home.**
12. Visitors are welcome. However, all visitors must register their visit with the Camp Manager or Nurse, and must agree to abide by the camp rules.