



Please return completed form **within ten days** of registration to:

Pine Springs Camp
132 Spring Canyon Rd.
Sacramento, NM 88347

Pine Springs Camp Additional Registration

Thank you for registering for Pine Springs Camp! Please return within 10 days of registration. You can email it to aernst7410@lcu.edu or mail it to the address above. This information will be used to identify participants and is confidential.

Camper Name: _____ Gender: _____ Birthday: _____

Parent or guardian _____ Phone _____

Emergency Contact _____ Phone _____

Week Attending _____

Please attach
a recent
Wallet-sized **photo** here.

Please attach a copy of your
Insurance card here.
If the camper doesn't
have insurance put an
X over this box.

CONSENT AND RELEASE FOR MEDICAL REASONS

In consideration of my child being permitted to participate in camps at Lubbock Christian University, I, the undersigned parent/guardian, in full recognition and appreciation of the dangers and hazards inherent in participating in such activity, do hereby agree to assume all risks and responsibilities surrounding and pertaining to my child's participation in the activity; and

FURTHER, I do for myself and my child's personal representative(s), heirs, and assigns, hereby agree to defend, hold harmless, indemnify, release and forever discharge Lubbock Christian University, and all its officers, agents and employees from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my child's participation in said activity which results from causes beyond the control of, and without the fault or negligence of, Lubbock Christian University, its officers, agents, or employees, during the period of my child's participation in the activity.

I agree that my child may participate in all camp activities as well as being transported to and from such activities by Lubbock Christian University personnel.

I understand that as a participant, my child may be photographed or videotaped during normal activities, and the photos/videos may be used in promotional materials. I hereby release all claim of copyright for the use of my child's likeness in promotional materials and further waive all right to inspect such material.

I understand that my family and my child's contact information may be shared with Lubbock Christian University.

I understand that it is my sole responsibility to notify the Lubbock Christian University Camp Director of my child's medical needs. I certify that I have indicated all medical history information regarding my child(ren) to Lubbock Christian University and that all medical information is true and correct.

MEDICAL RELEASE: I hereby grant permission to the director and/or his designee to seek and/or administer appropriate medical aid to my child in the event of an emergency. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, or any treatment deemed necessary by a legally licensed physician; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event, I cannot be reached in an emergency; I hereby give my permission to the physician selected by the camp director and/or his designee to secure and administer treatment, including hospitalization, for the person named above. The completed form may be photocopied for trips out of camp.

Signature of parent/guardian _____ **Date** _____