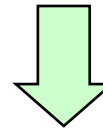


|   |                    |                         |
|---|--------------------|-------------------------|
| Week _____                                | Program Name _____ | Circle One: RIDGE, ROCK |
| If attending a second week:<br>Week _____ | Program Name _____ | Circle One: RIDGE, ROCK |



## LUTHERIDGE+LUTHEROCK MINISTRIES 2010 CAMPER HEALTH FORM



**PLEASE COMPLETE THE ENTIRE FORM AND RETURN NO LATER THAN MAY 1, 2010.**

IF YOU REGISTER LATER THAN MAY 1, PLEASE COMPLETE & SEND IN HEALTH FORM IMMEDIATELY.

Each camper MUST HAVE this completed 2010 health form on file with LLMI along with a signed physician's exam no older than 24 months from the camper's first date of camp in order to be admitted to camp.

**BE SURE TO SIGN IN ALL 3 SIGNATURE LOCATIONS and to complete ALL 4 pages!!!!**

Name \_\_\_\_\_  
Last First MI  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
 Parent/Guardian Names(s) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:**

**Emergency Contact #1** \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
**Emergency Contact #2** \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
**Physician name** \_\_\_\_\_ Phone \_\_\_\_\_

### Health Insurance Information

LLMI has secondary accident insurance. The parent/legal guardian's primary insurance is responsible for charges associated with an accident or illness.

Carrier Name \_\_\_\_\_  
 Carrier Address \_\_\_\_\_  
 Policy # \_\_\_\_\_ Phone \_\_\_\_\_  
 Policy Holder's Name \_\_\_\_\_  
 Policy Holder's Date of Birth \_\_\_\_\_  
 If you have an Rx card Bin # \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

**Signature Required for Participation** if camper is under 18 years old.

#### MEDICAL RELEASE AND AUTHORIZATION FOR TREATMENT

The undersigned, as parent/legal guardian of the camper, authorizes Lutheridge+Lutherock Ministries, Inc. (LLMI), its delegated leaders, directors, and the medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. LLMI will endeavor, but is not required, to communicate with me prior to treatment. The undersigned releases LLMI and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off camp.

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signatures Required for Participation**

Last name, FI \_\_\_\_\_

**NORTH CAROLINA**

**BUNCOMBE & AVERY COUNTY**

**LUTHERIDGE + LUTHEROCK MINISTRIES, INC.**

**PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT**

**READ CAREFULLY BEFORE SIGNING**



In consideration of Lutheridge + Lutherock Ministries, Inc. furnishing services and/or equipment to enable me/my child to participate in a variety of outdoor and recreational activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of outdoor recreational equipment, transportation to, and my participation in outdoor recreational activities; (b) my/my child's participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including risks, hazards, and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; and (d) by my/my child's participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I hereby agree and consent to my/my child's participation in each outdoor and recreational activity that is provided by or on behalf of Lutheridge+ Lutherock Ministries, Inc. for the age group in question (which may include, among other things, camping, hiking, canoeing, challenge tower activities, challenge course activities, rock climbing, spelunking, mountain biking, playground activities, and swimming). I, on behalf of myself/my child, and my personal representatives hereby waive, release and discharge Lutheridge + Lutherock Ministries, Inc. its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of Lutheridge + Lutherock Ministries, Inc. and its respective agents and employees. I further waive, release and discharge Lutheridge + Lutherock Ministries, Inc. for any claim arising from participation in any program, service, or other outdoor and recreational activities.

The sole proper venue of any dispute that may arise out of this Waiver or Release or otherwise between the parties to which Lutheridge + Lutherock Ministries, Inc., or its agents is a party shall be the General Court of Justice, Buncombe County, North Carolina. I understand and acknowledge that this Waiver and Release and any claim arising herein shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE LUTHERIDGE + LUTHEROCK MINISTRIES, INC., FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

|  |   |                        |
|--|---|------------------------|
| _____<br>PARTICIPANT NAME (PRINT)  | _____<br>AGE IF MINOR   | _____<br>PROGRAM/DATES |
| _____<br>CAMPER SIGNATURE (If 18 years of age or older)                            |   | _____<br>DATE          |
|  |  | _____<br>DATE          |
| <b>SIGNATURE OF CUSTODIAL PARENT/GUARDIAN*</b>                                     |   |                        |

**TRANSPORTATION AND PHOTOGRAPH PERMISSION**

I hereby allow my child to be transported for off-site outings and photographed for possible inclusion in LLMI publications or the LLMI website.

|  |               |
|--|---------------|
|  | _____<br>DATE |
| <b>SIGNATURE OF CUSTODIAL PARENT/GUARDIAN*</b>                                     |               |

**\*Signature of Custodial Parent or Guardian Required**

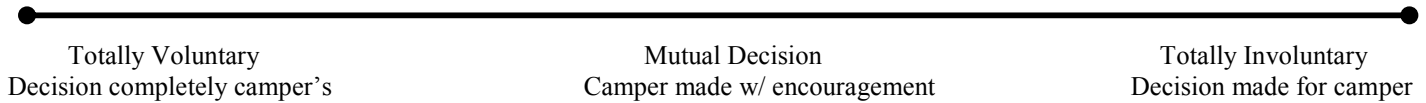
**Lutheridge+Lutherock Ministries wants to provide your child with the best possible camp experience and is interested in the spiritual, physical and social growth of your child. The following information will help your our staff meet his/her needs in the best way possible.**

Camper's Name \_\_\_\_\_ Grade just completed \_\_\_\_\_

- Camper is attending an overnight camp for the first time.
- Camper has attended another overnight camp, but this is his/her first time at Lutheridge or Lutherock.
- Camper has attended Lutheridge or Lutherock before. # of years \_\_\_\_\_
- I have other children attending Lutheridge or Lutherock the same week.  
Names/Grades \_\_\_\_\_  
\_\_\_\_\_

Please describe camper's feelings about attending camp. \_\_\_\_\_  
\_\_\_\_\_

Use the following scale (put a mark) to let us know how the decision was made for this camper to attend camp.



Does camper often get homesick when spending the night away from home? \_\_\_\_\_

Are there any major events or significant situations of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this camper had any negative camp experiences of which we should be aware? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any concerns this camper is addressing that would be helpful for us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What camp activities do you think this camper will enjoy the most? \_\_\_\_\_  
\_\_\_\_\_

Anything else you'd like us to know that would help us give this camper the best camp experience possible? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thanks for the information. Please know it will only be seen by staff working directly with your child.  
WE LOOK FORWARD TO HAVING YOUR CHILD AT CAMP!**

**PHYSICIAN'S EXAM: Physician must either complete this section of the health form or a copy of a signed, completed physical from the last 24 months must be attached to this form.** Copies of health forms/physicals for campers from previous summers are archived and cannot be readily accessed. This information must be kept on file by the parent/guardian and resubmitted each year.

**Date of last exam** (must be within past 24 months of camp week) \_\_\_\_\_

Any physical condition requiring restriction(s) on participation in the camp program and **a description of that restriction** (please describe in detail – attach further documentation if needed) \_\_\_\_\_

Any current or on-going treatment or medications to be administered at camp (name, dosage, frequency) \_\_\_\_\_

Any modified nutritional /meal plan: \_\_\_\_\_

**Yes or No** (circle one) This applicant **can** participate in a weeklong resident camp program.

**Yes or No** (circle one) This applicant **can** participate in a camp program of high activity including backpacking, rock climbing and rafting.

**Licensed physician's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PAST MEDICAL TREATMENT & HEALTH HISTORY** (to be filled out by parent/guardian)

| <b>Has/does the participant:</b>                         | <b>Yes</b>               | <b>No</b>                |   | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Had any recent injury, illness or infectious disease.... | <input type="checkbox"/> | <input type="checkbox"/> | Ever had high blood pressure.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Have a chronic or recurring illness/condition.....       | <input type="checkbox"/> | <input type="checkbox"/> | Ever had back problems.....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Have frequent headaches.....                             | <input type="checkbox"/> | <input type="checkbox"/> | Ever had problems with joints (eg. knees, ankles).... | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever had a head injury.....                              | <input type="checkbox"/> | <input type="checkbox"/> | Have any skin problems.....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Have frequent ear infections.....                        | <input type="checkbox"/> | <input type="checkbox"/> | Had mononucleosis in the past 12 months.....          | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever passed out during or after exercise.....            | <input type="checkbox"/> | <input type="checkbox"/> | Have problems with sleepwalking.....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever had chest pain during or after exercise.....        | <input type="checkbox"/> | <input type="checkbox"/> | Have a history of bed-wetting.....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever had seizures.....                                   | <input type="checkbox"/> | <input type="checkbox"/> | Ever had an eating disorder.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Ever had an operation.....                               | <input type="checkbox"/> | <input type="checkbox"/> | Been diagnosed as ADD or ADHD.....                    | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" responses \_\_\_\_\_

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. \_\_\_\_\_

Describe any camp activities from which the camper should be exempted for health reasons. \_\_\_\_\_

**Allergies:**  Hay Fever  Poison Ivy  Insect Stings  Food \_\_\_\_\_  Other \_\_\_\_\_

**Asthma:**  Severe  Moderate  Mild Triggers? \_\_\_\_\_

**Nutritional/dietary restrictions:** \_\_\_\_\_ Diabetic?  No  Yes Vegetarian?  No  Yes

Has the camper had any of the following:  Measles  Chicken Pox  Mumps  German measles

Please attach immunization record or indicate **the date** (MM/YY) of the last immunizations/booster for:

DTP \_\_\_\_\_ MMR \_\_\_\_\_ Hepatitis B \_\_\_\_\_ HIB \_\_\_\_\_

Does the camper know how to swim?  Yes  No  Somewhat

Is camper currently taking any prescribed or over-the-counter medicine?  Yes  No

If "yes", what medications? \_\_\_\_\_

Which of these medications will the camper be bringing to camp? \_\_\_\_\_

**ANY MEDICATIONS TO BE TAKEN AT CAMP MUST BE IN CLOSED VIALS WITH ORIGINAL PHARMACY LABELS INTACT.**