



HIGHLAND LAKES CAMP & CONFERENCE CENTER

5902 Pace Bend Rd. North • Spicewood, TX 78669
888-222-3482 • 512-264-1777 • 512-264-2794 (Fax)
www.highlandlakescamp.org • info@highlandlakescamp.org

PLEASE COMPLETE FORM AND RETURN TO YOUR GROUP CONTACT PERSON. DO NOT MAIL TO HLCCC.

ADULT MEDICAL / LIABILITY RELEASE FORM

INSTRUCTIONS: Complete the Registration form in its entirety. Authorized signature is required on both front and reverse side. Type or print legibly in Dark Ink. The **COMPLETED Medical/Liability Release form is a REQUIRED document authorizing entrance to HLCCC property and participation in camp activities. Upon arrival, the completed form must be delivered to HLCCC administrators. Texas Law requires that the completed original medical form be kept in the Campus Nurses' Station and become a document of permanent HLCCC record.**

DATE: ___/___/___

Camper's Name: _____
 First Middle Last *(indicate name used)*

Address: _____
 Street City State Zip

Birth Date: ___/___/___ Age: ___ Gender: (M/F) ___ Email: _____
 Mo. Day Year

Phone Number: Daytime (_____) _____ Evening (_____) _____ Other (_____) _____

Name of Church or Group with whom you are attending: _____ City: _____ State: _____

Occupation: _____ Employer: _____ City: _____

Have you been convicted of a felony: YES NO If yes, explain: _____

MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

<p>Medications you take for current medical condition (asthma, allergies, etc.) _____</p> <p>Medications you take occasionally (headaches, etc.) _____</p> <p>Do you plan to bring these or any other medications to camp with you? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original bottle (prescription or over-the counter), properly labeled as prescribed by law.</i></p>	<p>Health Information: Do you have, or have you had</p> <p>Recent Serious Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Recent Surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Chronic Medical Condition? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Other Health Concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES to any of the above, please describe: _____</p> <p>Special Diet? _____</p> <p>Date of last Tetanus Shot? _____ Immunizations Current? _____</p> <p>Allergies: Food? _____ Drugs? _____</p> <p>Insect Stings/Bites? _____ Other? _____</p>
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Person to Notify in **Event of Emergency**: _____ Relationship to You: _____

Phone Number of Contact Person: Daytime (_____) _____ Evening (_____) _____ Other (_____) _____

Family Physician: _____ Phone: (_____) _____

Medical Insurance Co.: _____ Plan or Group #: _____

Insured ID or Member #: _____ Ins. Co. Phone #: (_____) _____

It is recommended that you attach a photocopy of your family medical insurance card.

ADULT COUNSELOR AGREEMENT

I, _____, acknowledge the above information is correct to the best of my knowledge. Furthermore, I give permission for Highland Lakes Camp and Conference Center staff to provide and authorize any medical treatment necessary.

X _____
Required Signature Date

REQUIRED PASTOR, STAFF, OR GROUP DIRECTOR STATEMENT

(State Law Requirement)

The person above is known by me. To my knowledge, this person has not been convicted of any crimes committed against minors in his/her background. I assume full responsibility for this person serving as a camp counselor working with minors.

X _____
Signature of Pastor, Staff Member, or Group Director Date

IMPORTANT... SEE REVERSE SIDE FOR MANDATORY RELEASE AND CAMP RULES

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

HIGHLAND LAKES BAPTIST ENCAMPMENT d/b/a HIGHLAND LAKES CAMP & CONFERENCE CENTER hereinafter referred to as the "Camp" requires a signature for all attendees of the Camp and all participants of any Camp activity including but not limited to Challenge/Ropes Course (highs and lows), Water Crafts, Water Toys, Swimming Pool, Bicycle Course, Backpacking, Camping, Basketball, Football, Baseball, Softball, Volleyball, and any and all other camp and recreational sports and activities. Furthermore this form releases the Camp to photograph and/or use photographs of myself or my child for use in its publications advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level **IS AT ALL TIMES COMPLETELY UP TO THE INDIVIDUAL'S CHOICE** and if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp Activity. **I agree to assume such risks and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Highland Lakes Encampment d/b/a Highland Lakes Camp and Conference Center from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in any and/or all Camp activities.**"

If you feel that there are any activities in which you or your child should not be involved in, please describe for us on an attached sheet the activities (include name and church/group name in the attached sheet). I understand the directors of Highland Lakes Camp reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Highland Lakes Camp programs.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X _____

Required Adult Attendee/Participant Signature

Date

HLCCC POLICIES

1. Prank supplies are not allowed (i.e. Shaving cream, water balloons, water guns/blasters) in the buildings. Please request HL approval for use of these supplies outdoors.
2. Adult supervision is required at the lake and/or pool. At no time is a student to go to the lake and/or pool without adult supervision.
3. Drugs, alcohol, any form of tobacco, firearms, knives, or any other kind of weapon, or fireworks are NOT allowed.
4. Appropriate godly dress attire is expected. Casual clothing is acceptable during all activities. Shorts (for boys and girls), skirts and skorts (for girls) should be no shorter than fingertip length. One piece modest swimsuits are requested. Swimsuits should only be worn at the swimming pool and/or lakefront.
5. Please refrain from Public Display of Affection (PDA) with girlfriends/boyfriends.
6. Please refrain from fighting.
7. All snack items must be stored in sealable containers to prevent ants and other insects in the dorms and meeting rooms. Texas Department of Health regulations prohibit cooking in dorms or meeting rooms.
8. Guests are not allowed to bring pets on campus. No pets in the dorms, motels, or meeting rooms.
9. Students are to respect all adult leaders and follow their instructions.
10. Adults ONLY should bring a cell phone. Please do not use it while at the lakefront. We want to ensure attention is placed on the students for safety reasons.



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STUDENT MEDICAL / LIABILITY RELEASE FORM

INSTRUCTIONS: Complete the Registration form in its entirety. Parent or legal guardian signature is required on both front and reverse side. Type or print legibly in Dark Ink. **The COMPLETED Medical/Liability Release form is a REQUIRED document authorizing entrance to HLCCC property and participation in camp activities. Upon arrival, the completed form must be delivered to HLCCC administrators. Texas Law requires that the completed original medical form be kept in the Campus Nurses' Station and become a document of permanent HLCCC record.**

DATE: ___/___/___

Camper's Name: _____
 First Middle Last (indicate name used)

Address: _____
 Street City State Zip

Birth Date: ___/___/___ Age: ___ Gender: (M/F) ___ Email: _____
 Mo. Day Year

Phone Number: Daytime (_____) _____ Evening (_____) _____ Other (_____) _____

Name of Church or Group with whom you are attending: _____ City: _____ State: _____

Have you been convicted of a felony: YES NO If yes, explain: _____

Parent / Legal Guardian: _____ Relationship to You: _____

Parent / Legal Guardian Phone Number: Daytime (_____) _____ Evening (_____) _____ Other (_____) _____

MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

<p>Medications you take for current medical condition (asthma, allergies, etc.) _____</p> <p>Medications you take occasionally (headaches, etc.) _____</p> <p>Do you plan to bring these or any other medications to camp with you? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original bottle (prescription or over-the counter), properly labeled as prescribed by law.</i></p>	<p>Health Information: Do you have, or have you had</p> <p>Recent Serious Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Recent Surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Chronic Medical Condition? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Other Health Concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES to any of the above, please describe: _____</p> <p>Special Diet? _____</p> <p>Date of last Tetanus Shot? _____ Immunizations Current? _____</p> <p>Allergies: Food? _____ Drugs? _____</p> <p>Insect Stings/Bites? _____ Other? _____</p>
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Person to Notify in **Event of Emergency**: _____ Relationship to You: _____

Phone Number of Contact Person: Daytime (_____) _____ Evening (_____) _____ Other (_____) _____

Family Physician: _____ Phone: (_____) _____

Medical Insurance Co.: _____ Plan or Group #: _____

Insured ID or Member #: _____ Ins. Co. Phone #: (_____) _____

It is recommended that you attach a photocopy of your family medical insurance card.

I, _____ being the legal guardian of _____ give my permission to Highland Lakes Camp and Conference Center's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Highland Lakes Camp sponsored activities.

X _____ ___/___/___ (_____) _____
Required Parent or Legal Guardian Signature Date Phone Number

IMPORTANT... SEE REVERSE SIDE FOR MANDATORY STUDENT AND PARENTAL RELEASE



AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

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If you feel that there are any activities in which you or your child should not be involved in, please describe for us on an attached sheet the activities (include name and church/group name on the attached sheet). I understand the directors of Highland Lakes Baptist Encampment reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Highland Lakes Baptist Encampment programs.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X _____
Required Student Camper's Signature Date

X _____
Required Parent or Legal Guardian Signature Date
(If Student Camper is 18 years of age or younger)

HLCCC POLICIES

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2. Adult supervision is required at the lake and/or pool. At no time is a student to go to the lake and/or pool without adult supervision.
3. Drugs, alcohol, any form of tobacco, firearms, knives, or any other kind of weapon, or fireworks are NOT allowed.
4. Appropriate godly dress attire is expected. Casual clothing is acceptable during all activities. Shorts (for boys and girls), skirts and skorts (for girls) should be no shorter than fingertip length. One piece modest swimsuits are requested. Swimsuits should only be worn at the swimming pool and/or lakefront.
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6. Please refrain from fighting.
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