

# Family Camp Form Checklist

## Camper/Family Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL PAGES** to be completed and sent to the registrar

- Pg. 1 (Checklist) - Fill out this checklist
- Pg. 2 (Registration) - Adult fills out for every camper and adult signs \*\*\*Anyone outside of your immediate family will need to fill out their own pgs. 3-6\*\*\*
- Pg. 3 (Medical History) - Adult fills out for every camper in immediate family \*\*\*If more than one insurance carrier, please fill out another form or as many as needed\*\*\*
- Pg. 4 (Medical Authorization) - Adult fills out for immediate family and signs
- Pg. 5 (Release of Liability) - Print all adults names from page 4 on the first line and skip the second if no minor children \*\*\*If minor children, sign third line. If no minor children, all registered adults on page 2 sign below and date\*\*\*
- Pg. 6 (Special Diet) - Fill out now for all Food Allergies and/or Diet Restrictions \*\*\*as needed per camper listed on pg. 2\*\*\*
- Check (\$\$\$) – \$100 Deposit due by March 1. Remaining balance due by May 1. \*\*\*Full payment with registration is recommended and much appreciated\*\*\*

**ADULT & FAMILY CAMP REGISTRATION  
JUNE 17-24, 2018**

**Make Checks Payable to:** CA-NV Annual Conference  
**Mail to:** Lori Hammar Sapigao, Registrar  
 3190 Fallen Leaf St. Palo Alto, CA 94303

**MEAL/ACTIVITY RATE**

Youth /Adult (Ages 11 and up)  
 Children (Ages 4-10)  
 Toddlers (Ages 1-3)  
 Infants (Under 1)  
 Visiting between meals (Ages 1 and up)

**CAMPER FEE**

\$235  
 \$175  
 \$75  
 \$0  
 \$0

**DAY USE FEE (OFF-SITE LODGING)**

\$50 per day  
 \$30 per day  
 \$20 per day  
 \$0  
 \$10

**ROOM CHOICE (list first and second choices)**

- \_\_\_ Lodge Room (3 bunk beds, sink in room) \$550 per week  
 (Priority given to families with children under 8)
- \_\_\_ Silver Creek Cabin (4 bunk beds, community bathroom) \$550 per week
- \_\_\_ Personal RV \$450 per week

**OTHER REQUESTS**

- Need wheelchair access \_\_\_\_\_
- Willing to share a room to reduce rate \_\_\_\_\_
- No room needed, will stay with (name of family) \_\_\_\_\_
- Request extra bed to be set-up \_\_\_\_\_
- Need financial assistance (amount requested) \_\_\_\_\_
- Need bedding (\$15 per bundle - number of bundles) \_\_\_\_\_
- Special dietary needs (complete the form included at the end of this PDF file)

**CAMPER'S NAME**

(List each participant)

**AGE**

(at start of camp)

**Arrival Date**

**Departure Date**

**Meal/Activity**

(per person)

1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____
6. _____	_____	_____	_____	\$ _____

Total Meal/Activity: \$ \_\_\_\_\_

Room Fee: \$ \_\_\_\_\_

Bedding: \$ \_\_\_\_\_

Activities Donations: \$ \_\_\_\_\_

Campership Donations: \$ \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_  
 (min. \$100 deposit)

Balance Due: \$ \_\_\_\_\_  
 (Due by 5/1/18)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**California-Nevada Annual Conference  
The United Methodist Church  
FAMILY CAMP MEDICAL HISTORY**

**Mail to:** Lori Hammar Sapigao, Registrar  
3190 Fallen Leaf St. Palo Alto, CA 94303

Should there be a medical emergency, this information will be used by trained medical personnel.  
Information is confidential and will only be used if a serious medical situation arises.

<b>Name of Participants: (First and Last)</b>	<b>Gender</b>		<b>Birth date</b>
1. _____	Male	Female	_____
2. _____	Male	Female	_____
3. _____	Male	Female	_____
4. _____	Male	Female	_____
5. _____	Male	Female	_____
6. _____	Male	Female	_____

**Primary Contact Information:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Local Church: \_\_\_\_\_

**In case of an emergency, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Insurance Information:**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Carrier/Plan Name: \_\_\_\_\_ Policy ID #: \_\_\_\_\_  
Carrier Address: \_\_\_\_\_

Are any of the participants under the direct care of a physician? Yes No  
(Please indicate participant's number(s) 1-6) \_\_\_\_\_  
Please Explain:

Are there any other medical conditions or allergies we should know about? Yes No  
(Please indicate participant's number(s) 1-6) \_\_\_\_\_  
Please Explain:

Are any of the participants taking medication while participating at camp? Yes No  
(Please indicate participant's Number(s) 1-6) \_\_\_\_\_

**List prescription medications - name, strength, dosage**

**California-Nevada Annual Conference  
The United Methodist Church  
FAMILY CAMP MEDICAL AUTHORIZATION**

**Mail to:** Lori Hammar Sapigao, Registrar  
3190 Fallen Leaf St. Palo Alto, CA 94303

I, the undersigned , do hereby authorize the adult leaders acting on behalf of the California-Nevada Annual Conference of The United Methodist Church, as agent(s) for the undersigned and family members listed on this form, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s), especially in case of emergency, to give specific consent to any such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his or her judgment may deem advisable.

Print Name: \_\_\_\_\_

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

# RELEASE OF LIABILITY

**Mail to:** Lori Hammar Sapigao, Registrar  
3190 Fallen Leaf St. Palo Alto, CA 94303

Each United Methodist Camp and Retreat Center (“Camp”) offers a variety of services and voluntary activities designed to enrich the camping experience. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging and educational activities often associated with camping and the outdoors such as, but not limited to: **hiking, archery, swimming, campfires, ropes courses, Beach activities, crafts and the like.** Both campers and staff members (including volunteers) may have the opportunity to participate in one or all of these activities.

While each Camp will endeavor to assure the safety of its campers and staff members, there are unavoidable risks of injury—and even death—associated with camping and its related services and activities. Consequently, a properly executed Release of Liability is required before anyone may attend a Camp as either a camper or a staff member. Such a Release of Liability is set forth below. If you are a prospective camper or staff member under eighteen years of age, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated “Parent or Guardian of Minor Camper or Staff Member.” If you are a prospective camper or staff member eighteen years of age or older, you must print your name below and then sign and date the line designated “Adult Camper or Staff Member.” You are encouraged to consult an attorney if you have any questions about the meaning of this document. In addition, you are encouraged to contact Kelly Peterson at 916-374-1515 or email to **kellyp@calnevumc.org** if you have any questions about the services or activities provided at any Camp.

By signing below,

**I/We,** \_\_\_\_\_ **and on behalf of my minor**

(Adult campers age 18 and older/parents of minor children – print name above and sign below)

**children** \_\_\_\_\_ acknowledge and agree to the following:

(Print names of children under age 18)

1. I have read and understand the risks summarized above;
2. I understand that our participation in camp activities and receipt of camp services is voluntary;
3. In consideration of attending a United Methodist Camp(s) as a camper or staff member, We expressly assume the risks of such attendance. Further, for all family members listed and on behalf of my executors, administrators and heirs, We release and hold the California-Nevada Conference of the United Methodist Church and the United Methodist Camp(s) we attend, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from our attendance at a United Methodist Camp(s) for injury to any person or property of those listed above or our death caused by the negligence of these entities and/or individuals; or (as appropriate);
4. In consideration of my child’s attendance at a United Methodist Camp(s) as a camper or staff member, I, for myself and on behalf of my minor child and our executors, administrators and heirs, release and hold the California-Nevada Conference of the United Methodist Church and the United Methodist Camp(s) my child attends, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from my child’s attendance at a United Methodist Camp(s) for injury to my child or his or her property or his or her death caused by the negligence of these entities and/or individuals.
5. We consent to the use of any pictures/video of the camper in connection with the camp’s future promotion. Photos may also be used on social network sites such as Facebook, for promotional purposes. It is our policy not to “tag” photos. If you do not wish yours or your child’s photo to be used for such purposes, you need to “opt out” in writing.

\_\_\_\_\_  
**Parent or Guardian of Minor Camper under Age 18**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Camper Age 18 or Older**

Date

\_\_\_\_\_  
**Camper Age 18 or Older**

Date

\_\_\_\_\_  
**Camper Age 18 or Older**

Date

\_\_\_\_\_  
**Camper Age 18 or Older**

Date



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## Food Allergy & Dietary Needs

Please duplicate this form if you have more than one camper with specific dietary needs.  
Form must be submitted to Silver Spur 10 days prior to your stay.

Name of Group: United Methodist Family Camp

Event Date: June 17-24, 2018 Camp

Camper Name: \_\_\_\_\_

Camper Phone: \_\_\_\_\_

Type of special diet:  Food Allergy (specify) \_\_\_\_\_  Vegetarian  Vegan

Dietary Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To ensure a well-balanced diet, bring items to supplement your diet.** A refrigerator, microwave and toaster are available for your use. Label your items as this refrigerator is available for use by other campers. Due to the complexity of various dietary issues or needs we may not be able to fully accommodate a need or request. Please feel free to call the office at (209) 928-4248 and the staff or chef will be able to discuss your particular need or request.