



MEDICAL & LIABILITY RELEASE

CHURCH/GROUP: _____

Female Male

Please 1 (one) camper (adult or child) per form & print clearly in blue or black ink. All individuals at camp must have a completed form on file.

CAMPER NAME (adult or child): _____

PARENT EMAIL ADDRESS: _____

In case of emergency, notify: _____ Relationship: _____

Home Phone: (_____) _____ Work: (_____) _____ Cell: (_____) _____

FOOD SERVICE REIMBURSEMENT PROGRAM: The financial information you provide below allows us to participate in a food grant program. This program allows us to keep our cost of camp among the lowest in all of Southern California while still maintaining amazing programming and facilities. Please help us to maximize this program by being as thorough as possible. The information is confidential and will not be shared for any other purpose.

Please complete the next sections of this form. Your information is **confidential**. You may return this completed form directly to Ponderosa Pines Camp by fax (909-867-3991) or to your Camp Coordinator.

Check here if your child receives free or reduced lunch at school

What school does your child attend: _____

What school district does your child attend: _____

Check here if the child is a foster child

Check here if the family receives Food Stamps

Check here if the family receives calWorks

Check here if the family receives kin-GAP

Check here if the family receives FDPFR

Check here if the family receives Medi-Cal

Check here if any member in your household participates in the Workforce Investment Act (WIA)

List ID# here: _____

CHECK HERE IF NO SOCIAL SECURITY NUMBER * Social Security Number (last 4 digits): _____

Complete this section only if YOU DO NOT receive assistance from the above programs

Names of All Household Members (including participating child, parents, siblings, & any other persons you support)	Annual Household Income From All Sources: (PLEASE CHECK ONE)
1.	<input type="checkbox"/> \$21, 775 and below
2.	<input type="checkbox"/> Between \$21, 776–\$29,471
3.	<input type="checkbox"/> Between \$29,472–\$37,167
4.	<input type="checkbox"/> Between \$37,168–\$44,863
5.	<input type="checkbox"/> Between \$44,864–\$52,559
6.	<input type="checkbox"/> Between \$52,560–\$60,255
7.	<input type="checkbox"/> Between \$60,256–\$67,951
8.	<input type="checkbox"/> \$67,952 and above

PONDEROSA PINES CHRISTIAN CAMP, INC.

P.O. Box 1247 • Running Springs, CA 92382 • PHONE (909) 867-7037 • FAX (909) 867-3991 • www.pondo.org

FILL OUT & RETURN TO YOUR GROUP LEADER. IF YOU ARE ATTENDING CAMP AS AN INDIVIDUAL, BRING FORM TO CAMP.

FOR OFFICE USE ONLY

CABIN NUMBER

HEALTH INFORMATION

Family Doctor: _____ Phone: (_____) _____

Insurance Carrier: _____ Policy Number: _____

Are there any medical conditions we should know about? Yes No Nature and Extent: _____

List all medications brought to camp along with dosage and frequency: _____

All medications must be turned in to the infirmary. Medications must be in original container, labeled, with specific written dispensing instructions by a parent, legal guardian or medical doctor.

If needed, may a health tech dispense (check box if answer is yes): Tylenol? Advil? Pepto Bismol/Tums? Cough Syrup?

Is the camper allergic to any medications or foods? Yes No If yes, please explain: _____

Date of Last Tetanus Shot: _____

Camper insurance begins where individuals health and accident insurance policy terminates. It is only valid when other insurance has been extended to its limits. In case of no personal policy, Ponderosa Pines' policy will provide coverage within its limits for accidents only (\$1000 per injury).

In case of emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child/the camper as named above. It is understood that the camp and doctor will make every effort to contact the parent/guardian of the child before treatment.

PHOTOGRAPHY: Registering for camp gives Ponderosa Pines permission to use your child's likeness in print, video or on the internet for promotional purposes.

OFF-SITE TRANSPORTATION: Registering for camp gives Ponderosa Pines permission to transport your child to off-site activities if applicable.

DISCIPLINE POLICY: I understand that my child comes under the authority and reasonable guidelines of Ponderosa Pines and may be sent home in the event of a violation of the rules. If this should occur, I agree to come and get my child immediately.

PARTICIPATION, RELEASE, WAIVER & INDEMNITY AGREEMENT

WHILE PONDEROSA PINES CHRISTIAN CAMP MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT PONDEROSA PINES.

I, the undersigned, give permission the aforementioned camper to participate in the activities that occur at Ponderosa Pines Christian Camp, and on our around Ponderosa Pines. These activities include, but are not limited to, swimming in the pool, hiking, climbing, archery, disc golf, tetherball, horse shoes and strenuous competition games. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Ponderosa Pines Christian Camp has taken reasonable steps to provide equipment and skilled employees so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury, illness or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about the inherent risks.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Ponderosa Pines Christian Camp, Inc., its officers, Board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Ponderosa Pines Christian Camp, or on or around Ponderosa Pines. This release does not apply to intentional and/or willful acts of misconduct by Ponderosa Pines Christian Camp or any of it's officers, Board, agents or employees.

Should Ponderosa Pines Christian Camp or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Ponderosa Pines Christian Camp harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Ponderosa Pines Christian Camp on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it and agree to be bound by it's terms.

I also certify that all the above information is true & correct, that the food stamp, CalWORKS, Kin-GAP, FDPFR Benefits or WIA program, and/or income information is correct & that all income has been reported. I understand that all info may be verified & deliberate misrepresentation of the information may subject me to prosecution under state & federal laws.

In accordance with Federal law and US Department of Agriculture policy, the institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

Parent, Guardian or Adult Signature: _____ Date: _____

(You should sign your own release if you are 18 years old or older)

Print Name: _____ Relationship to Camper: _____