



# Registration & Release Form 2019

4341 FM 356 • Trinity, TX 75862 • 936-594-5011 • www.trinitypines.org

All Campers and Sponsors Must Complete Form

Dates at TPCC: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**INSTRUCTIONS:** Complete the Registration form in its entirety for each person attending. All requested information is applicable.

Type or print legibly in dark ink.

Name: \_\_\_\_\_  
First Middle Last Suffix (indicate name used)

Mailing Address: \_\_\_\_\_  
Street City State Zip

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Mo. Day Year

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

**If attendee is a minor:**

Parent / Guardian: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Parent / Guardian Phone #: Daytime (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**Diseases, Chronic or Recurring Illness** (such as diabetes, asthma, seizures): \_\_\_\_\_

**Allergies** (food, medications, insect sting, other) \_\_\_\_\_

By signing below, I give permission for the Camp Health Supervisor to give the following over-the-counter medication in accordance with standard label directions: acetaminophen, ibuprofen, antihistamine, decongestant, cough medicine, anti-nausea, anti-diarrheal, and antibacterial ointment.

Exceptions: \_\_\_\_\_

**If parent cannot be reached in an emergency, please contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

## AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND LIABILITY WAIVER

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my stay at Trinity Pines Conference Center, Trinity, TX, also known as Trinity Pines, certain risks and dangers will occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, volleyball, soccer, softball, basketball, archery, wilderness hiking, swimming, use of watercrafts, and a challenge course which has a climbing wall, zip lines, high and low elements, and a team power pole. In consideration of Trinity Pines providing and my willingness to engage in these rigorous activities and a special environment, I have and do hereby hold Trinity Pines its owners, officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which may arise from or in connection with my stay or participation in any activities arranged for me by my organization or my group leaders or Trinity Pines. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family. I authorize the use of my or my child's photograph or video on the Trinity Pines website or brochures for camp updates and communication. I certify that I/my child are current on required immunizations, or are exempt from immunization requirements for reasons of conscience.

In case of an accident or illness, I authorize first aid/medical personnel to examine, treat, or administer medications for any illness or injury to myself or my child as deemed necessary. In the event of an emergency involving my child and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care for me or my child. I hereby release, indemnify and hold harmless Trinity Pines, its owners, officers, directors, trustees, agents, employees, and/or volunteers, from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of Trinity Pines, its agents, and employees.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and have understood.

**X** \_\_\_\_\_  
Camper Signature Date

**X** \_\_\_\_\_  
Parent or Legal Guardian Signature (if minor) Date

## MEDICATION ADMINISTRATION FORM (Accompanies All Medications)

All medications must be accompanied by this authorization form and given to the church contact person who will be responsible for bringing all medication and forms to the TPCC office for review by our Medical Staff.

- Place all medications in a large Ziploc bag with your child's name and church name.
- Prescriptions must be in the original container with the campers' name and the current dosage.
- No medication will be given unless they are in original containers per Texas Department of State Health Services.
- If your child/youth requires an asthma inhaler or antidote for insect bites or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with our Medical Staff. One (1) will be kept and closely guarded by camper and one (1) given to the Medical Staff. Similar special cases must be discussed with the Medical Staff.

TPCC staff request that you **do not** send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). These types of medications are provided by TPCC).

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

Church Name: \_\_\_\_\_ Church City & State: \_\_\_\_\_

As the parent or legal guardian of the above-named child, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to my child.

**X** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Parents/Guardian Signature Date Daytime Phone # Evening Phone #

**OR**

As an Adult Camper/ Sponsor/Staff, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to me during my stay at Trinity Pines Conference Center.

**X** \_\_\_\_\_  
 Adult Camper / Sponsor/Staff Date

Medication	Form (tablet, capsule, liquid, inhaler)	Dosage (amount to be given)	Frequency (how often)	Purpose	Comment or Special Instructions