



June 15-19, 2009
Colorado District NYI Camp

May 1 — **\$210.00** (\$50 deposit)

June 2 — **\$235.00**

Horseback Riding — **\$30.00**

\$50 of every registration (the deposit) is transferrable but not refundable

Please send all registration forms to:

Chris Bartholomew
1755 Dover St.
Lakewood, CO 80215

Camper Registration & Health Form
Golden Bell Camp & Conference Center

Name _____ Birth date _____ M / F

Parent or guardian _____ Phone _____ Last Grade Completed _____

Home Address _____

number & street

city

state

zip code

Church Attending With _____ E-Mail _____

Daytime phone _____ Cell Phone/Pager _____

T-Shirt Size: _____

If parent/guardian is not available in an emergency, please contact: *(be sure to sign authorization below.)*

1. _____ Phone _____
name relationship home cell/pager

2. _____ Phone _____
name relationship home cell/pager

Are there any physical, emotional, psychological or otherwise health-related issues that the camp should be aware of?
Y / N If yes, please explain _____

Important: Please notify the camp regarding recent illness, recent medications, accidents, exposure to communicable disease, or changes in your child's health that occur after completion of this form

Immunization History: This is a record of dates of basic immunizations and most recent boosters:

DPT Series _____ Tetanus/diphtheria booster _____
Mumps _____ Polio _____
Measles (live) _____ Varicella (chicken pox) _____
German measles (Rubella) _____ Hepatitis B _____
Tuberculin test _____ Result _____ Hepatitis A _____
BCG _____ Haemophilus influenza B _____

Insurance Information: *(Please fill out all sections that apply.)*

I have no insurance.

Primary Insurance Information *(person who pays for the insurance coverage):*

Subscriber or Primary Ins. Holder _____
last name first name middle initial

Group ID/# _____ Insurance Company Name _____

Secondary Insurance Information *(person who pays for the insurance coverage):*

Subscriber or Primary Ins. Holder _____
last name first name middle initial

Group ID/# _____ Insurance Company Name _____

Military Insurance Information:

Branch of Service _____ Rank _____ Effective Date _____ Retired - Yes No

Please be sure to attach a photocopy of your insurance card/cards. Thanks.



Parent or Guardian Authorization: This is required for participation.

This health history for _____ is correct and complete. I give permission for my child to participate in all camp activities except as noted, to be provided routine health care, and to be given medication authorized by my child's health care provider or the camp physician. In the event of illness or accident, I hereby give permission to the licensed medical provider selected by the camp directors to secure treatment for, to hospitalize, to prescribe medications, to order injections, anesthesia or surgery for my child. I understand that reasonable attempts will be made to notify me regarding an illness or accident requiring off site treatment. I authorize camp personnel to transport my child to medical care and to provide medical information to insurance companies from June 15—19, 2009.

Signature _____
signed _____ date _____ printed _____

I give my permission for any pictures of my child taken during camp activities to be used for promotional purposes, including videos and brochures.

Signature _____
signed _____ date _____ printed _____

CONDUCT AGREEMENT

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parent's expense.

I, the student, have read the rules of conduct and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Permission to participate in activities

Activities my include, but are not limited to: cookouts, boating, swimming, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf, and hayrides. NOTE: If you desire to limit your child's participation in any event, please submit your wishes in writing to your church, pastor/youth pastor/sponsor, prior to the event.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____



Camper is responsible for insurance protection.

Medical Examination – To be completed by licensed medical personnel

This examination should be performed within 24 months of arrival at camp.

** Examination form for some other purpose within this period is acceptable.**

Please identify any medications taken during the school year but not at camp _____

Height _____ Weight _____ B.P. _____ Hgb test _____ Urinalysis _____

Eyes _____ Heart _____ Posture _____

Ears _____ Lungs _____ Skin _____

Nose _____ Abdomen _____ Allergy – please specify _____

Throat _____ Hernia _____ _____

Teeth _____ Extremities _____ _____

General Appraisal: _____

Does the camper have any significant condition of which a health care provider should be aware?
 Medical condition _____ Physical Condition _____ Emotional Condition _____
 Please explain: _____

For females: Has this person menstruated? _____ If so, is her menstrual history normal? _____

Medications: Please list all prescriptions and over-the-counter medications you authorize.

Medications need to be given to the nurse upon arrival at camp, and must be in original packaging. Please pack separately.

| | | |
|------------------|------------------------------|-------|
| medication _____ | dosage/route/frequency _____ | _____ |
| medication _____ | dosage/route/frequency _____ | _____ |
| medication _____ | dosage/route/frequency _____ | _____ |
| medication _____ | dosage/route/frequency _____ | _____ |

If necessary, please attach a separate sheet with any additional medications.

Restrictions while in camp: Is there any condition you feel would prevent this camper from carrying on strenuous physical activity at an altitude of 9000' and above, or are there any limitations you would place on his/her activity? If yes, please comment:

Special diet? _____



I have examined the person herein described and have reviewed his/her health history. It is my opinion that this camper is physically able to engage in all camp activities except as noted above.

_____ signed _____ date _____ printed name _____

Telephone _____ Address _____

Date of exam _____ Name of Camper _____

****If student would like to participating in *horseback riding*, the following must be signed and \$30 paid by *June 1st*.****

Horseback Riding Permission & Release (must be signed before child will be allowed to ride)

I, the undersigned, agree to hold Golden Eagle Outfitters, Inc. and/or Golden Bell Camp & Conference Center harmless for any and all damages which may occur as a result of my child participating in equine activities. I understand that under Colorado law, equine professionals are not liable for any injury to or death of a participant in equine activities resulting from the inherent risks of equine activity, pursuant to 13-21-120 Colorado revised statutes.

Parent/Guardian Signature _____ Date _____





GOLDEN BELL CAMP & CONFERENCE CENTER

Minor's Release of Liability

THIS IS A RELEASE OF LIABILITY. BY SIGNING BELOW, I AM AGREEING ON BEHALF OF MY CHILD/WARD/DEPENDENT (referred to hereinafter solely as the "child") AND ON MY OWN BEHALF TO RELEASE GOLDEN BELL AND OTHER PARTIES RELATED TO IT FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

Assumption of Risk and Acknowledgement of Understanding: Golden Bell intends to make me aware, and I understand, that participation in outdoor and adventure activities, including, but not limited to, mountain and wilderness travel and activities, horseback riding, water sports, tubing, transportation to and from camp trips/activities, rock scrambling, technical rock climbing, rappelling, climbing wall, mountain biking, and ropes challenge courses, exposes the participant to certain risks, hazards, and dangers that cannot be predicted or controlled, including, by way of example, the risk of personal injury (including the risk of death), accidents or illnesses in remote places (without the immediate availability of medical facilities), and exposure to adverse weather conditions. I also understand that outdoor and adventure activities require physical exertion and any participant should be in good physical health. By signing this Release, I permit my child to engage in Golden Bell's outdoor and adventure activities with full understand of the risks.

Release – Child's Rights: In consideration for the privilege of allowing my child to participate in Golden Bell's outdoor and adventure activities, I hereby release and hold harmless Golden Bell, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that my child may have or sustain with respect to any and all property damage, personal injury, and/or death arising from his or her participation in the outdoor and adventure activities of Golden Bell in accordance with Colorado Revised Statutes Section 13-22-107 or by other applicable Colorado law. I covenant not to sue any of the Released Parties in connection with any of the released claims, demands, losses, damages, and liabilities described above. The covenants and undertakings of the Release shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

Release – Parents'/Guardians' Rights: Furthermore, in consideration for the privilege of allowing my child to participate in Golden Bell's outdoor and adventure activities, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I as the parent/guardian of the participant may have or sustain with respect to any and all property damage, personal injury, and/or death arising from the participation of my child in the outdoor and adventure activities of Golden Bell. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages, and liabilities, except as otherwise provided in Colorado Revised Statutes Section 13-22-107 or by other applicable Colorado law. I covenant not to sue any of the Released Parties in connection with any of the released claims, demands, losses, damages, and liabilities described above. The covenants and undertakings of the Release shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors and assigns. Indemnification: I further agree to indemnify, save and hold harmless the Released Parties from all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any and all property damage, personal injury and/or death arising from my child's participation in the outdoor and adventure activities of Golden Bell, as may be asserted by a third party (defined as any party other than the Released Parties or me), except to the extent prohibited by Colorado Revised Statutes Section 13-22-107 or by other applicable Colorado law.

Miscellaneous: In the event that any provision of this Release is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this Release had been executed with the invalid provision eliminated. The parties agree that any action brought as between the child and/or his or her parents/guardian and Golden Bell shall be brought in the state courts of Colorado, El Paso County or the U.S. District Court for Colorado, and the parties consent to jurisdiction and venue of such courts. I understand and agree that this Release is intended to be as broad and inclusive as permitted under applicable law and shall be governed by Colorado Law.

WARNING: Under Colorado Revised Statutes Section 13-31-119, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

I HAVE CAREFULLY READ THIS RELEASE AND AGREE TO ALL OF ITS TERMS.

Parent / Guardian Signature Printed Name Date

Parent / Guardian Signature Printed Name Date

Child's Signature Printed Name Date

Each Parent / Guardian with legal responsibility over the participant should sign this form.