HIGHLAND LAKES CAMP & CONFERENCE CENTER
5902 Pace Bend Rd N, Spicewood TX 78669 || 512-264-1777
www.hlccc.org || register@hlccc.org

MINOR REGISTRATION / MEDICAL FORM

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

For individuals 17 years of age or younger, complete the Minor Registration Form in its entirety. The Parent or Legal Guardian signature is required at each requested occurrence. All requested information is applicable. Type or print legibly in dark ink. The completed 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 administration staff. Texas law requires that the completed original form be kept in the Campus Nurse's Station and become a document of permanent record at HLCCC.

EVENT NAME:_____**EVENT DATE:** ___/___/_____**CHURCH**_____

CAMPER: First_____ Last_____ DOB___/___/_____ Sex: ☐MALE ☐FEMALE

Grade Attending in Fall____ Mailing Address_____ City_____ State_____ Zip_____

Phone (___)___-_____ Email_____ T-Shirt:_____

Have you been convicted of a Felony? ☐YES ☐NO If yes, explain:_____

Please do not release my child under any circumstances to:_____

PARENT/GUARDIAN: First_____ Last_____ Sex: ☐MALE ☐FEMALE

Relation to Camper:_____ Mailing Address_____ City_____ State_____ Zip_____

Phone (___)___-____ Email_____

ALTERNATE EMERGENCY CONTACT: First_____ Last_____ Sex: ☐MALE ☐FEMALE

Relation to Camper:_____ Mailing Address_____ City_____ State_____ Zip_____

Phone (___)___-____ Email_____

MEDICAL INFORMATION: Family Physician_____ Phone (___)___-____ Medical Insurance: ☐YES ☐NO

Medical Insurance Company_____ Phone (___)___-____ Plan or Group Number_____

Policy Holder Name_____ Policy Holder DOB___/___/_____

Recent Surgery: ☐YES ☐NO Immunization Current: ☐YES ☐NO Date of Tetanus Booster: ___/___/_____

Will you be bringing medication to camp: ☐YES ☐NO Any physical limitations: ☐YES ☐NO Explain_____

Any other medical information to enable us to provide quality care? _____

Diseases, Chronic, or Recurring Illness

Check ALL that apply or check None Apply if your camper has no history of any items on the list.

☐Asthma ☐Dermatological ☐Ear Infections ☐Seizures ☐Emotional ☐Bleeding Disorder ☐Diabetes

☐Heart Defect ☐Stomach Condition ☐None Apply

I hereby attest that the information provided on this page of the Registration Form is complete and accurate to the best of my knowledge and my signature below is agreement:

Signature of Parent/Legal Guardian:_____ Printed Name: _____Date:_____

HEALTH CARE AND CAMP PERMISSIONS

I give permission for my child/ward to receive consultation from the Camp medical director in accordance with the standing orders of the Camp Physician and be given the following medications as indicated by checking below.

☐Yes ☐No

I give my permission for first aid techniques and simple health care to be administered as the need arises.

☐Yes ☐No

I hereby attest that all medical history and information provided on this Medical Form is complete and accurate to the best of my knowledge, that my child/ward is in acceptable health, physical ability, and emotionally ready to fully participate in camp. I grant my permission, as the parent/guardian of the camper mentioned on this form, to participate in all activities associated with the enrolled event with the exceptions of those that are noted.

I being the legal guardian of the camper for which I am providing registration information 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 understand in the event of any serious injury or illness on the part of my child/ward, the camp officials reserve the right to seek professional medical attention including but not limited to consultation with medical director, EMS transportation, or hospitalization. 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.

☐I agree to the above statement regarding medical history and treatment.

State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original container (prescription or over-the counter) properly labeled as prescribed by law. Prescription labels must have the camper's name and current dosage. A current Medication Administration Form MUST accompany all medication(s). Medications and Administration instructions will be collected and reviewed by HLC Medical staff upon camper arrival. HLC Medical staff requests that you NOT send over the counter medications such as Tylenol, Ibuprofen, Benadryl or antihistamines. HLC stocks an assortment of over the counter medications for the occasional need.

☐I agree to and will comply with the above statement regarding medication.

Please select all over the counter (OTC) medications that can be administered to the Camper:

☐All ☐None ☐Ibuprofen (i.e. Advil) ☐ Acetaminophen (i.e. Tylenol) ☐ Antihistamine (i.e. Benadryl, Claritin)

☐ Antihistamine Cream ☐ Decongestant (i.e. Sudafed) ☐ Antibacterial Ointment ☐ Antacid Tablet (i.e. Tums)

☐ Additional medications as indicated/prescribed by HLC Medical Director

Comments/Special Instructions or allergic reactions:_____

Please provide all allergies that the Camper may have:

Environmental: ☐Ant Bites ☐Wasp Stings ☐Bee Stings ☐Mold ☐Pet Dander ☐Dust ☐ Pollen ☐Other_____

Food: ☐Tree Nuts ☐Gluten ☐Dairy ☐Shellfish ☐Peanuts ☐Other_____

Medicine: ☐Penicillin ☐Amoxicillin (Moxatag) ☐Ibuprofen ☐Aspirin ☐Naproxen ☐Sulfa ☐Other_____

☐Other_____

Allergy/Treatment Details:_____

Special Diet: ☐Yes ☐No If yes, Explain_____

I hereby attest that the information provided on this page of the Registration Form is complete and accurate to the best of my knowledge and my signature below is agreement:

Signature of Parent/Legal Guardian:_____ Printed Name: _____Date:_____

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

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

HIGHLAND LAKES BAPTIST ENCAMPMENT d/b/a HIGHLAND LAKES CAMP and CONFERENCE CENTER hereinafter referred to as the "Camp" requires a parent/guardian signature for anyone 17 years of age or younger attending and participating in any Camp activity including but not limited to challenge/ropes course (highs and lows), paintball, water crafts, water toys, swimming pool, bicycle course, archer's quest, gaga ball, basketball, football, baseball, softball, volleyball, backpacking, camping, and any and all other camp and recreational sports and activities.

Attendance and Activities at Camp may include warm-ups, games, group initiative problems, high and low challenge course, paint ball and/or other rigorous physical adventure activities as well as exposure to the elements, and exposure to animals, snakes, and insects. Camp takes all reasonable precautions to ensure you and/or your child/ward 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 assume 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/or on behalf of my heirs and assigns, hereby release, indemnify, and hold harmless Highland Lakes Baptist Encampment d/b/a Highland Lakes Camp and Conference Center, it's owners, officers, directors, trustees, agents, employees, and /or volunteers from any and all claims for physical and/or emotional injury, that I and/or my child/ward may have sustained in connection with attending Camp and with participating in any and/or all Camp activities. If there are concerns about participation in any activity, please attach a sheet describing why you and/or your child/ward should not participate in specific activities; include individual and church/group names on the attached sheet.

Furthermore, this form releases the Camp to photograph and/or video and/or use photographs and/or videos of myself or my child/ward for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp.

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. I authorize my child/ward to participate in all camp activities, unless written notification attached specifies otherwise.

☐ I agree to the above statements regarding Attend, Participant, Assumption of Risk and Liability Waiver.

FLOODPLAIN ACKNOWLEDGEMENT: Highland Lakes Camp property includes land that is in the floodplain. All structures housing or hosting attendees are located at least 1,000 feet from a floodway.

☐ I have been notified of the floodplain in regards to Highland Lakes Camp property.

HLC GENERAL CAMP RULES

1. All medications are to be listed on the Medication Administration Form and turned in to the HLC medical staff at Check-in. All medications must be in the original container. Medications will be administered as per RX label instructions and dosage unless written, signed, and dated parental instructions state otherwise. Campers (adults & minors) are not to share any medications including over-the-counter medications.
2. Campers (adults & minors) who are ill or injured must be either in the HLC camp office, the HLC Health Center, or at the hospital. In the event of illness or injury, campers (adults & minors) will not be permitted to remain in the bunkhouse rooms.
3. Prank supplies are not allowed in the bunkhouses or facility buildings e.g. body paint, glitter, confetti, water balloons, water guns, etc. unless under the supervision of HLC staff. There are no exceptions.
4. Adult supervision is required at the lake, swim pond, and pool. **At no time** is a student camper permitted to go to the lake, swim pond, or pool without adult supervision and HLC staff present. Lifejackets are required for lakefront and swim pond activities regardless of a person's age or water safety ability.
5. Illegal drugs, alcohol, any form of tobacco including vapes and e-cigs, firearms, any kind of weapon, matches, lighters or personal fireworks are NOT allowed.
6. Keepsakes, valuable jewelry, collectibles, or memorabilia sportswear should not be brought to camp. HLC will not be responsible for the misplacing or theft of camper personal property.
7. Skateboards, rollerblades, and Heely roller shoes are not allowed. The use of personal or rental golf carts, motorcycles, drones, or any such motorized vehicle must be pre-authorized by HLC administration and a mandatory, signed HLC liability release must be on file in the HLC office.
8. Campers (adults & minors) are discouraged from bringing food items. Snacks will attract ants in the bunkhouses. We suggest that if you bring snacks, the food be stored in tightly sealed containers, such as plastic storage containers or sealable plastic bags. No electric appliances to be used for food preparation are allowed. The HLC Snack Shack and Camp Store will be open throughout the day and each evening.

9. Campers (adults & minors) are expected to reflect a Christian example by their dress. Sponsors, parents, and church leaders are responsible for the clothing and appearance of the youth and adults attending camp. The manner of dress should be set and clearly communicated prior to leaving home. Modest skirts, dresses, shorts and jeans are acceptable in worship. Immodest shorts or tops, small tank tops, tight clothes, spaghetti strap tops, distasteful designs or messages, cheer shorts, and other extreme clothes are not acceptable at any time. If you wear tight yoga style pants, shorts must be worn over them. While swimming, for females, one-piece swimwear or tankinis that cover the mid-waist are preferred. All other swimwear requires a dark colored t-shirt to be worn over them at all times including while in the water. For males, no speedo, tight style swimwear. Swimwear is only allowed at swimming activities. Otherwise, all persons must wear normal attire. Campers may be asked to change their attire if an adult or HLC staff feels their dress is inappropriate.
10. Refrain from public display of affection with others.
11. Under NO circumstances are females to be in male bunkhouses or males in female bunkhouses.
12. No fighting or inappropriate/profane language is allowed.
13. Students are to respect all adult leaders and follow their instructions. All adults (members of HLC staff & leadership team, church leadership teams, and adult volunteers) are in places of authority over all students. HLC staff and volunteers have been trained to facilitate each activity.
14. Campers (adults & minors) must attend all scheduled events. If your group is at an activity, you must be with them. There are no exceptions to this unless the camper (adult & minor) is injured or sick and are at the HLC camp office, the HLC Health Center, or at the hospital.
15. Campers (adults & minor) MUST be in the bunkhouse by designated camp curfew. Curfew is for the safety and well-being of campers and staff.
16. For Summer Program & Rental Camps, each Camper (adult & minor) will be issued a nametag upon arrival and must be worn at all times. Name Tags are required at the Health Center before a camper can be given medical attention or medication.
17. Minors are not allowed to leave Highland Lakes Camp without proper parental written authorization and approval of HLC Administrative Staff.
18. Campers (adults & minors) are not permitted to bring pets on Highland Lakes Camp property or into any Highland Lakes Camp building. Leave all pets at home. Service dogs on a leash and under immediate control of the owner are accepted with a rabies vaccination verification on file in the HLC office.
19. Campers (adults & minors) and/or church group leadership will be held financially responsible for any property damages that occur during their stay at HLC. Campers should refrain from writing on furniture or walls. Do not use duct tape to affix signs to doors or walls.
20. For your safety, guests are not allowed on any HLC “Restricted” property areas.
21. For the safety of campers (adults & minors) who participate in the Hexapod Adventure and/or Zip Line, the following guidelines are to be followed:
    a. Participants **must** wear closed-toe shoes and no wind shorts or loose-fit clothing.
    b. Participants with shoulder length hair or longer must put their hair in a ponytail or braid.

☐ I have read (or had read to me) the HLC General Camp Rules, read the rules to my child/ward, and agree to abide by all established regulations. I further understand that if my child/ward disregards the Camp rules that my child/ward will be dismissed and sent home at my own expense. I understand that I will be held financially responsible for any property damage my child/ward might cause.

Signature of Attendee/Participant:_____ Printed Name: _____Date:_____

Signature of Parent/Legal Guardian:_____ Printed Name: _____Date:_____