



2021 Summer Camp Paper Registration

Camper Information	Camper First Name		Camper Last Name		
	Address		City	State	Zip Code
	Camper Date of Birth	Camper Age Now	Grade (Fall 2021)	Gender	
Family Information	Parent/s Name		Preferred Parent Email		
	Mother's Cell Number	Mother's Work Number	Father's Cell Number	Father's Work Number	
	Emergency Contact Name (other than parent)		Emergency Contact Phone	Relation of Contact	
<p>We consider the safety of our campers one of our highest priorities at Riverside. With that in mind, we ask that you identify the name of the person who we can expect to pick up your child from camp. We will NOT release your camper to anyone other than the person you identify below. If the pick-up person changes, you will be able to notify the cabin leader of this change at the time of cabin check-in when you arrive to camp. Thank you for your understanding!</p>					
Name and relation of person picking up camper					
Camp Session Information	<p>Here is where you will indicate which camp you are registering for. We ask that you select a first and second choice. If your first choice is full, we will contact you to verify that your second choice is still acceptable.</p>				
	First Program Choice		Dates		
	Second Program Choice		Dates		
	<p>You may request cabin mates here. Your requested cabin mates must also choose you on their registration forms. We will do our very best to accommodate your request/s but do appreciate your patience and understanding in this process.</p>				
	Cabin Mate Request #1		Cabin Mate Request #2		
Optional Camp Packages/Add-Ons				T-Shirt Size	
<p style="text-align: center;"> <input type="checkbox"/> Camper Care Package \$18 <input type="checkbox"/> Ranch Care Package \$18 <input type="checkbox"/> Birthday Cookies \$10 <input type="checkbox"/> Horseback Ride \$15 <input type="checkbox"/> Slingshot Paintball \$10 </p>					
BE CERTAIN TO NOTE AGE REQUIREMENTS FOR HORSEBACK RIDE AND SLINGSHOT PAINTBALL				(for care packages)	

Health & Insurance Information	Health Insurance Company			
	Insurance Company Phone		Insurance Policy Number	
	Primary MD/ARNP/PA Name	MD/ARNP/PA Phone Number	Date of Last Tetanus Shot	
	Please list all food, medication, and/or environmental allergies			
	List any specific dietary limitations, restrictions, and/or modifications that apply to your camper			
	Identify and describe any chronic illnesses, physical conditions, or mental limitations that camp staff should be aware of			
	Please describe anything that you'd think would be helpful for your child's cabin leader to know (Ex. Fears/anxieties, recent loss or change in family situation, behavioral concerns, etc.)			
	**Please note: All medications, both prescriptive and over-the-counter, will need to be turned into the medical volunteer at the time of camper check-in. ALL medications will be administered by the medical volunteer during the camp session.			
	Medications	Do you anticipate your camper bringing medications to camp?		PLEASE READ THE FOLLOWING ABOUT CAMPER MEDICATIONS:
		<input type="radio"/> Yes <input type="radio"/> No		A Medication Release Form will need to be completed for each medication the camper takes, available online or by request from the Riverside office (will also be available during camper check-in). ALL MEDICATIONS MUST BE IN THEIR ORIGINAL PACKAGING (no zip locks, pill-minders, etc.).
The following over-the-counter medications may be administered to my camper as needed at the discretion of the medical volunteer:				
<input type="radio"/> Acetaminophen/Tylenol <input type="radio"/> Ibuprofen/Motrin <input type="radio"/> Anti-diarrheal/Immodium <input type="radio"/> Antacid/TUMS <input type="radio"/> Hydrocortisone/Anti-Itch Cream <input type="radio"/> Cough Drops				
Payment Information	PLEASE NOTE: A \$125 deposit is required at time of registration to secure spot.			
	Method of Payment			
	<input type="radio"/> Check <input type="radio"/> VISA <input type="radio"/> Mastercard <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:			
	Amount of payment as of today		TOTAL paid today	
	<input type="radio"/> \$125 Deposit (required) <input type="radio"/> Additional Camp Payment \$ _____		\$	
	<input type="radio"/> Optionals/Add-Ons \$ _____ <input type="radio"/> Camp Store Funds \$ _____			
	Credit Card Number		Name on Credit Card	
	Expiration Date		Card Verification Code (on back)	
I authorize any remaining camp store money at the end of the week:				
<input type="radio"/> To be donated to Riverside Bible Camp <input type="radio"/> To be transferred into a payment voucher for future use at camp				
Signature of Parent/Guardian Completing Form		Date		

Requested Discounts	
<input type="checkbox"/>	Member Church
<input type="checkbox"/>	Multiple Sibling Discount
<input type="checkbox"/>	Other:
CHURCH DISCOUNT CODE:	

To be returned with registration	
<input type="checkbox"/>	All Camp Authorization and Liability Waiver
<input type="checkbox"/>	Prescription Medication Consent Forms
<input type="checkbox"/>	Other:

All-Camp Authorization and Liability Waiver

PARTICIPANT AGREEMENT, RELEASE, and ACKNOWLEDGEMENT OF RISK

In consideration of the services of Riverside Lutheran Bible camp, their agents, officers, volunteers, participants, employees, and all other persons or entities acting in a capacity on their behalf (herinafter collectively referred to as "Riverside", I hereby agree to release and discharge Riverside, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that activities through Riverside can entail known and unanticipated risks that could result in physical or emotional injury, illness, paralysis death or damage to self, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, but are not limited to: Collision with boats, trees, walls, or other fixed objects; falling down; my own equipment failure or the failure of other's equipment; my own or other's negligence, objects or conditions on the natural surface that may cause me to fall, broken bones/sprains; head, neck and back injuries; abrasions; and bruises; illness through unknown exposures (ex. COVID-19), etc. Furthermore, Riverside employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness, risk factors, or abilities. They may give inadequate warnings or instructions, and the equipment being used may malfunction.
2. I expressly agree and promise to accept and assume on behalf of myself and/or participating family members all the risks existing in this activity. My consent to have myself or participating family members take part in this activity is purely voluntary and I expect to participate and/or consent despite risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Riverside from any and all claims, demands, or causes of action, which are in any way connected with my or my family members participation in Riverside's activities, use of Riverside's equipment or facilities, including such claims which allege negligent acts or omissions of Riverside.
4. Should Riverside or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I or my participating family members may cause or suffer while participating or conditions that could interfere with the safety in activities, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against Riverside, I agree to do so solely in the state of Iowa, and I further agree that the substantive law of Iowa shall apply in this action without regard to the conflict of law rules of this state.
7. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I agree that if anyone is hurt, becomes ill, or property is damaged during my or my family members participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Riverside on the basis of any claim from which I have released them herein. By my signature, I hereby agree, release, and acknowledge risks on behalf of those family members participating at Riverside, which may include but is not limited to myself, my spouse, and my dependent children.

Signature of Parent or Guardian

Date