



(Church Name)

STUDENT REGISTRATION & MEDICAL RELEASE/ACTIVITY WAIVER

Idaho Southern Baptist Youth Camp – July 20 – July 25, 2025

Participant's Last Name, First Name (Please PRINT clearly)		M or F (circle)	Age:
Date of Birth (mm/dd/yyyy):	Grade completed:	t-shirt size (circle one)	S M L XL 2XL 3XL
On a scale of 1 to 5, how athletic is your student (with 1 being not athletic, and 5 being extremely athletic) (Circle one)			1 2 3 4 5
Address, City, State, Zip			
Parent/Guardian Names (with whom the participant resides)			
Address, City, State, Zip (of parent/guardian if different from above)			
Phone Number(s) of Parent/Guardian			
Email Address of Parent/Guardian			
Medical insurance <u>company</u> and <u>policy number</u> (Please attach a copy of your insurance card)			
If Parent/Guardian cannot be reached, contact (name and phone number)			
Church attending camp with (church name, city)			
Church you attend (if different)			

Are you currently taking any medication or treatment or have any medical conditions? (circle one) Yes No

If yes, please list and explain: _____

All prescription and over-the-counter medications (including vitamins and supplements) brought to camp must be in their original container and turned in to the camp Nurse at registration.

Date of Last Tetanus Toxoid Immunization: _____

Have you ever had a severe reaction to a bee/hornet sting or insect bite? Explain. _____

List any allergies/restrictions:

Food: _____

Environmental: _____

Drug: _____

My child may be given the following over-the-counter medication in appropriate doses if needed (please check next to appropriate answers):

____ Pepto-Bismol ____ Tylenol ____ ibuprofen ____ Benadryl ____ cough syrup

FOR TVSBA OFFICE USE ONLY

Registration & Medical Release/ Activity Waiver Form Completed ____ Allergy Alerts? _____

Insurance Card Copy Received ____; Amount due at camp _____



REGISTRATION CHECKLIST

ALL PARTICIPANTS: To complete your registration please return the following to your church’s camp coordinator.

- \$50 deposit paid to your local church (additional \$230.00 due to your church before camp)
 AMOUNT PAID: _____ CHECK # (if paid by check): _____
- Completed and signed Registration & Medical Waiver/Activity Release Form
- Copy of medical insurance card attached

MEDICAL RELEASE AND ACTIVITY WAIVER

SPONSOR: Treasure Valley Southern Baptist Association, 1690 E 11th N, Mountain Home, ID 83647

ACTIVITY: Idaho Southern Baptist Youth Camp, July 20– July 25, 2025, at Living Waters Ranch, Challis, Idaho; including (but not limited to) swimming, hiking, campfire, transportation in camp and/or staff vehicles, service projects in nearby communities, and photographs.

I authorize treatment for my child (or myself) at camp by a designated first aid provider in the event of any accident or illness, including administration of OTC medications at his/her discretion.

In the event of an emergency, I further authorize the transfer of my child (or myself) to a medical facility for treatment if needed. I agree to assume all financial responsibility for all medical care that may be required in such an event. All possible effort will be made to contact parents/family in the event of an emergency requiring further medical treatment than is available at camp, before such treatment is initiated.

I understand that my child will be transported home from camp with the same group he/she arrived with, unless I have specifically instructed otherwise here. There will be no exceptions to this rule except in the case of a medical emergency or extreme misbehavior by a camper.

Special travel instructions: _____

FOR ALL PARTICIPANTS TO READ AND SIGN:

As a camper, cabin leader, or staff, I have read and understand that if I intentionally violate the Camp Code of Conduct or Dress Code, or I choose not to obey those responsible for my safety, I will be sent home. I will obey the Camp Code of Conduct and those responsible for my safety.

Participant’s Name, PRINTED: _____

Participant’s Signature _____ Date: _____

FOR PARENT/GUARDIAN OR PARTICIPATING ADULT LEADERS TO READ AND SIGN:

As the parent/guardian of the child named above, I have discussed the Camp Code of Conduct and Dress Code with my child. I understand that if my child must be sent home from camp, whether due to illness or injury or for intentional disobedience, it will be without any refund of camp fees.

In consideration of the permission granted to the participant named above to participate in the designated activity, I hereby release the above named Sponsor/Church, its agents and employees, from all actions, causes of action, damages, claims, or demand which I, my heirs, executors, administrators, or assigns may have against said Sponsor/Church, their agents and employees, and other above described parties for all personal injuries known or unknown which the participant named above, has or may incur by participating in the above described Activity. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian or Adult Leader’s Signature _____ Date: _____



Living Waters Ranch, Hot Springs Swimming Hole Release of Liability

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

1. The undersigned, being at least 18 years old (and/or being the parent or guardian of a minor less than 18 years old and accompanying such minor) has read and signed the following Release, hereinafter referred to collectively as "I".
2. I warrant and represent that I am in good health (and if signing on behalf of a minor as parent or guardian) and that there are no special problems associated with my health (or minor child, if applicable, that are not specifically listed on this Release).
3. I agree and understand that swimming at Hot Springs Swimming Hole is to be done at my own risk. I hereby agree to freely and expressly assume and accept any and all risks of injury or death while participating in this swimming activity. Nonetheless, the participant voluntarily elects to participate in the aforementioned activities.
_____ (initials)
4. I hereby assume all risks which may be associated with and/or result from my involvement in such activity and hold harmless, release, indemnify and defend Living Waters Ranch, Inc., and Firstfruits Foundation, its subsidiaries and affiliates, their respective officers, directors, agents, servants and employee (hereinafter "Living Waters Ranch, Inc.") of and from any liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damages or injury, including death, that may be sustained by me while participating in the activity, including but not limited to, those injuries and damage caused by the negligence and/or breach of warranty, express or implied, on the part of Living Waters Ranch, Inc. _____ (initials)
5. By execution of this release Living Waters Ranch, Inc., shall be indemnified from any injury to other person(s) or property damage which I may cause as a result of engaging in the activity.
6. I authorize Living Waters Ranch, Inc., and/or its authorized personnel to call for medical care for me and/or to have me transported to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed for me. I agree that upon my transport to any such medical facility or hospital that Living Waters Ranch, Inc. shall not have any further responsibility for me. Further, I agree to pay all costs associated with such medical care and related transportation provided for me and shall indemnify and hold harmless Living Waters Ranch, Inc. of and from any costs incurred therein.
7. I contractually agree that any and all disputes between myself and Living Waters Ranch, Inc., arising from my participation including any claims for personal injury and/or death, will be governed by the laws of the state of Idaho and exclusive jurisdiction thereof will be in the state court residing in the county where the alleged tort occurred or the federal courts of the State of Idaho.
8. In the event any sections of this release are found to be unenforceable, the remaining terms shall be fully enforceable.
9. Permitted this release shall be binding to the fullest extent by law.
10. This release shall be binding upon my assignees, distributees, heirs, next-of-kin, executors, personal representatives, and administrator and may be pled by Living Waters Ranch, Inc. as a complete bar and defense against any claim, demand, action or causes of action by or on behalf of the participant

I/We have carefully read the foregoing liability release, understand its contents and sign it with full knowledge of its significance.

Executed this _____ day of _____, in the year _____.

Printed name of participant

Printed name of parent or guardian

Signature of participant

Signature of parent or guardian



CAMP CODE OF CONDUCT

(Please duplicate for each participant)

I will respect the property of others.

I will respect the camp facilities, trees, and wildlife.

I will dispose of trash in designated trash bins only. I will pick up any litter I find and dispose of it as well.

I will report all accidents, however minor, to the camp nurse.

I will keep my sleeping area neat and clean at all times.

I will be prompt and attend all scheduled camp activities.

I will obey the directions of those responsible for my safety.

I will not go off by myself, for my own safety

I will give all medications I may bring to camp to the camp nurse, who will dispense as directed.

I will not be party to any abusive behavior or bullying.

I will be truthful at all times.

I will not engage in any public display of affection or inappropriate behavior, to include handholding, excessive or inappropriate touching, kissing, language, etc.

I understand that those found in possession of illegal drugs, unauthorized medications, weapons, fireworks of any kind, or alcohol will be sent home.

CAMP DRESS CODE

The purpose of our dress code is to eliminate distractions and support the principles of modesty and Christ-like love and behavior.

Parents and church leaders are asked to see that only clothing which meets the policies and regulations of the camp is brought to Camp. It is the responsibility of the adult leaders from each church to model the standard of modesty and enforce the camp dress code.

While at camp, we ask that students and adults:

- Wear modest, bathing suits that are not overly revealing or tight.
- Do not dress in a way that calls attention to their underwear (sagging your pants, rolling down your waistbands, etc.)
- Do not wear inappropriately short skirts or shorts
- Wear sturdy closed toe shoes at all times to protect their feet

Please do not bring anything that:

- Advertises alcohol, tobacco, illegal drugs
- Explicitly or implicitly promotes racism, sexism, or hatred of any group or person
- Explicitly or implicitly refers to sexual actions or situations
- Is excessively short revealing, or tight fitting.

The best rule is, if you're unsure of whether something is too immodest, just wear something else.

ALL CAMPERS AND CABIN LEADERS MUST SIGN THE REGISTRATION FORM SIGNIFYING THEY HAVE READ THE CODE OF CONDUCT AND CAMP DRESS CODE AND WILL ABIDE WITH THEM.



(Please duplicate for each participant)

Youth Camp Packing List

WHAT TO BRING TO CAMP

Bible and pen/pencil
Warm sleeping bag, extra blanket, pillow
Flashlight
Inexpensive/disposable camera (cell phone cameras are not allowed)
Soap, washcloth, two towels Toothbrush, toothpaste, comb, shampoo, etc.
Modest swimsuit, T-shirt cover-up, swim towel
Sunscreen and insect repellent Warm clothes for cool mornings and evenings
(Jackets, long pants)
Clothes for warm afternoon activities Plenty of socks and underwear for the week
Athletic shoes and another STURDY closed toe pair of shoes.
Water bottle clearly marked with your name
Great attitudes, excitement, energy
All your friends!

WHAT NOT TO BRING TO CAMP

Plastic bag to store wet clothing/shoes on trip No cell phones
No electronic devices - game, iPod, etc.
No expensive cameras
Illegal drugs, alcohol, cigarettes Knives, weapons of any kind Lighter, matches, fireworks, etc. Clothing that does not abide by the dress code (Girls, please double check your tops and swimsuit) Water guns, water balloons Bad attitudes, bad language

If cell phones are brought on the trip, they must be left in a locked vehicle or with an adult leader. We will not be responsible for lost, misplaced or stolen articles.

Any prescription or over-the-counter medications, including vitamins and supplements, must be in original containers. These will be turned in to the First Aid Team at registration. Pack them so they are easy to retrieve when registering or give them to adult transporting campers.

Snacks may be purchased at the Snack Shack when it is open. \$20-\$30 should be adequate for purchasing snacks. (please bring small bills as we only have a small amount of change on hand)

Please pack spending money so it is easily retrieved.



Youth Camp Medication Record

Please fill out name & DOB even if you don't have regularly prescribed meds

YEAR _____

Name: _____ Camper; Counselor/Leader; Other Staff; Church/Cabin: _____

Age/DOB: _____; Medication(s) Received (Date/Time): _____; Epi-Pen; Inhaler

Routine Medication(s)	Dosage	Purpose	Frequency <small>(Circle One)</small>	Sunday /	Monday /	Tuesday /	Wed /	Thursday /	Friday /
				List Time Medication Was Given					
			B L A D E						
			B L A D E						
			B L A D E						
			B L A D E						
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			B L A D E						
PRN Medication(s)	Dosage	Reason for PRN Med(s)	Sunday	Monday	Tuesday	Wed	Thursday	Friday	
Notes/Special Instructions/Allergies:									
Approved OTC Medication(s):	<input type="checkbox"/> Cough Syrup; <input type="checkbox"/> Acetaminophen (Tylenol); <input type="checkbox"/> Ibuprofen (Advil/Motrin); <input type="checkbox"/> Benadryl – Allergic Reaction (diphenhydramine); <input type="checkbox"/> Pepto-Bismol; <input type="checkbox"/> Topical(s) – Neosporin, Anti-Septic Spray; <input type="checkbox"/> Other: _____								

(B/L/A/D/E) B= Breakfast; L= Lunch; A= Afternoon; D= Dinner; E= Evening or Bedtime; PRN= As Needed; OTC= Over the Counter

Medication(s) Returned (Date/Time): _____ Nurse: _____ Date: _____