

Summer Camp Registration

For office use only:

Rec: ___/___/___

Confirmation Sent:

Camp: _____

Payee: _____

Website: WWW.ALTAMONS.ORG

Camper Information:

Camper's Name: _____ Name Camper Prefers: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ / Age (as of camp): _____ / Grade (Fall 2021): _____

Date of Birth: ___/___/___ Shirt size (circle): Youth S Youth M Adult S Adult M Adult L Adult XL

(Check all that apply) Camper is a: Swimmer Non-Swimmer First time Camper Returning Camper

Camper is a member of _____ Church (optional; church membership not required to attend camp)

If UMC, indicate which District: Roanoke Danville Lynchburg Other _____

Parent or Guardian Information:

Parent 1/Guardian Name: _____ Relationship to Camper: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Parent 2/Guardian Name: _____ Relationship to Camper: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

E-mail Address you would like camp to use: _____

Check here if you would like a confirmation packet mailed to you. Otherwise, it will be e-mailed to you.

How did you hear about Alta Mons? _____

Week Requested: Week 1: June 20-25 | Week 2: June 27—July 2 | Week 3: July 4-9 | Week 4: July 11-16

Please indicate week choices (if applicable) (1st Choice: _____) (2nd Choice: _____)

ex: Week 2

ex: Week 3

Must Check One: Day Camp Mini Camp Elementary Resident Camp Bridge Camp

Junior High Resident Camp Junior High Night Owl Camp Senior High Resident Camp

Cabin Mate Request: _____ (ONE same gender friend of similar age, **this is not a guarantee**)

Payment Information:

Circle Method of Payment: Cash Check Credit Card Amount to be charged to credit card: \$ _____

If paying by credit card, please circle which type: Visa MasterCard Discover American Express

Card Number: _____ Exp. Date _____ 3 digit security code: _____

If Campership Assistance from Alta Mons is needed, please fill out the bottom portion of this form:

Please contact the camp office for information about guidelines.

(Only for assistance directly from Alta Mons)

TO BE FILLED OUT BY PASTOR / AGENCY / SOCIAL WORKER BEFORE MAILING TO CAMP OFFICE

Campership Approval:

Amount contributed by Church/Agency \$ _____ (at least 1/3 cost of the camp)

Amount Requested from Camp Alta Mons \$ _____

Signature of Pastor/Agency Rep/Social Worker : _____

Printed Name: _____ Phone # _____

Name of Church or Agency: _____

Confirmation notices, including outstanding balance, will be sent to the "parent/guardian" unless otherwise noted.

Deposit must accompany form to be processed.

Registration Continued

Camper Health Form

Emergency Medical Information: (all information is REQUIRED unless otherwise noted)

Camper's Social Security Number: _____ - _____ - _____ (optional but recommended)

Who to call if unable to contact **parent/guardian**: _____

Phone (day): _____ Phone (evening): _____ Relationship: _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Hospital Preference due to insurance when possible: Lewis Gale Blacksburg Lewis Gale Salem
 Carilion Roanoke
 No Preference Other: _____

Medications:

My camper will be taking medication at camp (circle one): Yes No

If yes, please list all of the medications with times and dosage amounts below

Medication Name: _____
(When) _____ (Dosage) _____

Medication Name: _____
(When) _____ (Dosage) _____

General Medical Information:

Last Tetanus Shot Date: ____/____/____ (month and year **required**)

Medical History (major past illnesses, surgery or conditions with general dates): _____

Allergies: _____

Dietary Restrictions: _____

Fears: _____

Hobbies: _____

What do we need to know about your child in order for them to have the best experience possible?: _____

Other Comments or Concerns: _____

Home in the Woods Opt Out: (We strongly believe in the Home in the Woods experience, but we understand that not all children are ready. If you feel this applies to your child, simply check this box.)

Photo Permission

I give permission for photos of camp activities, which may include my child, to be used in camp promotional or newsletter materials without liabilities or remuneration.

Parent or Guardian Signature: _____ **Date:** _____

Parent / Guardian Authorizations

This document waives important legal rights. Read it carefully before signing.

I hereby agree to the following: That my child or individual for whom I am a guardian ("child") wishes to participate in a 2021 summer camp program provided by Alta Mons, Inc. ("Alta Mons"). Such program may include, but may not be limited to outdoor recreation activities, swimming, and other camp events or activities (the "Activities"). I understand that Alta Mons has established guidelines to minimize risks to provide a safe environment for campers, that Alta Mons will implement practices with the intent to limit the spread of and exposure to communicable diseases (including COVID-19 and other viruses), and that Alta Mons is licensed by Virginia to operate a summer camp, swimming pool, and commercial kitchen. Although Alta Mons takes precautions to ensure safety, I understand that it is impossible to guarantee absolute safety. I acknowledge that I know, understand and appreciate the inherent risks of participating in such Activities. **BY SIGNING BELOW, I UNDERSTAND THE FOREGOING AND DO HEREBY VOLUNTARILY EXPOSE MY CHILD TO AND ASSUME ALL RISKS INHERENT IN PARTICIPATION IN THE ACTIVITIES AND OTHERWISE RELATED TO ATTENDING CAMP, AND I ACCEPT COMPLETE RESPONSIBILITY FOR ANY CONSEQUENCES WHICH MAY RESULT.** In consideration of the permission extended to me by Alta Mons to participate in the Activities, **I HEREBY FOREVER WAIVE, REMISE, RELEASE, AND DISCHARGE** Alta Mons, and any of its respective officers, directors, members, employees, agents, and personnel (collectively, the "Alta Mons Parties"), volunteers and affiliates from any and all liability, claims, demands and causes of action, known or unknown, which I, or my child, has, or may have, on account of personal injury or damage to my property arising from any cause during my child's participation in the Activities, including but not limited to any state or federal statutory or common law claim or remedy of any kind whatsoever arising out of or in any way connected with any injury to me, or my child, even if such injury resulted, directly or indirectly, from the negligence of Alta Mons Parties. To the fullest extent permissible by Virginia law, I hereby agree to hold the Alta Mons Parties harmless from any and all actions, causes of action, losses, claims, attorneys' fees, expenses (including medical expenses), liability and damages brought, made or incurred by other arising from or relating to the attendance and/or participation of my child in the Activities or otherwise related in any way to their attendance of camp at Alta Mons. I agree that neither I, nor any one claiming through me, will hereafter bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States or in any state thereof, or elsewhere, against the Alta Mons Parties, for, on account of, arising out of, or in any way connected with any injury to me or my child, and that neither I, nor any one claiming through me, will enforce, prosecute, or recover upon, or attempt to enforce, prosecute, or recover upon, any claim or right of action whatsoever, which I, or any one claiming through me, may now have or hereafter assert, in any way connected with claims for injury to me or my child, and for claims made by others for any injury caused by me or my child at Alta Mons. I hereby authorize Alta Mons to provide routine healthcare, provide my child's medications through its staff in accordance with Alta Mons' policies, and to seek emergency medical treatment for my child if necessary. I agree to the release of any records held by Alta Mons necessary for emergency purposes. If I am registering my child into a program that includes transportation off-site, I permit my child to leave the grounds of Alta Mons accompanied by authorized camp personnel in camp-approved vehicles. I understand that Alta Mons retains complete discretion to decide if it is necessary for my child to return home because of illness, homesickness, unacceptable behavior, or any other reasons. If Alta Mons determines that my child must be sent home in its sole discretion I will accept that decision, and arrange for prompt transportation. I agree to read my confirmation packet when it arrives, including the camp rules and behavior policies. By allowing my child to attend camp at Alta Mons, I am acknowledging my agreement to those rules and behavior policies. **I have read and understand the foregoing registration liability release and parental consent form, and voluntarily agree to all its terms and conditions.**

Parent or Guardian Signature: _____ **Date:** _____