

# Winter Camp Registration

Website: **WWW.ALTAMONS.ORG**

## Camper Information:

Camper's Name: \_\_\_\_\_ Name Camper Prefers: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ / Age (as of camp): \_\_\_\_\_ / Grade (Fall 2023): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Shirt size (circle): Youth S Youth M Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL

Camper is a: ☐ First time Camper ☐ Returning Camper

Camper is a member of \_\_\_\_\_ Church

If UMC, indicate which District: ☐ Valley Ridge ☐ Mountain View ☐ 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 for all camp communication (including confirmation packet): \_\_\_\_\_

How did you hear about Alta Mons? \_\_\_\_\_

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

## Payment:

Alta Mons offers 2 price points for Winter Camp. Our first option (the standard rate) is our base price for camp and is our least expensive option. We are able to offer this price to our camper families thanks to the generous support of our donors. Our second option (the supporters rate) is our standard rate + \$50 donation. This will help us continue to offer great camp experiences to all families at an affordable cost. It will also help cover our increased costs as prices rise. Rest assured, whichever price you chose, your child will receive the exact same, high-quality camp experience here at Alta Mons. Note that if you are applying for a campership, please select the standard rate.

Which rate would you like to pay? ☐ Standard Rate (\$180) ☐ Supporters Rate (\$230)

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

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 digit security code: \_\_\_\_\_

Name exactly as printed on front of card: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

**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: \_\_\_\_\_

### 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:** \_\_\_\_\_

**Cancellation Policy:** Cancellations made 14 days prior to the start of the camp session will be refunded the full amount minus the deposit made. No shows and campers cancelling with fewer than 14 days of notice will not receive a refund of any amount. A full refund may be granted for a documented medical or personal emergency past this date—agreed upon by parent/guardian and the full time staff of Alta Mons. No shows and campers leaving early do not receive a refund or pro-rate.

### Parent / Guardian Authorizations

I hereby agree to the following: That my child or individual for who I am a guardian ("child") wishes to participate in a 2023 winter camp program provided by Alta Mons, Inc. ("Alta Mons"). Such program may include, but may not be limited to outdoor recreation activities, games, 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 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:** \_\_\_\_\_