



**ALPINE CAMP AND CONFERENCE CENTER  
CORNERSTONE  
INDIAN VILLAGE SUMMER 2010  
Registration Form/Health History**

**A separate form is to be completed for each camper/guest and counselor**

           **Indian Village**  
August 15-20, 2010

(Please Print Clearly)

Camper/Counselor's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Tipi Mate: \_\_\_\_\_

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

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

Parent/Guardian Name (print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Describe any activity restrictions while at camp. Write "none" if you don't have any.  
\_\_\_\_\_
2. Describe any past medical treatments relevant to participating in camp activities. Write "none" if you don't have any.  
\_\_\_\_\_
3. Describe any allergies or dietary restrictions. Write "none" if you don't have any.  
\_\_\_\_\_
4. Approximate date of last Tetanus Shot: \_\_\_\_\_ Are other immunizations current? \_\_\_\_\_ Yes \_\_\_\_\_ No (Make notes on back)
5. List all medications sent to camp. (All medications must be sent in the prescription bottle with label.)  
\_\_\_\_\_
6. May Tylenol, Benadryl, Cough Drops or Tums be administered? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last medical exam: \_\_\_\_\_
7. Describe any current medical and/or behavioral conditions that require medications, treatment, or special restrictions while at camp. Write "none" if you don't have any.  
\_\_\_\_\_

**For Campers/Counselors over age 18 only:** \_\_\_\_\_ I decline to provide the requested health information.

Camper/Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Alpine must be notified of campers that have been exposed to any communicable diseases prior to camp.**

Physician's Name/Address/Phone: \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact (other than Parent/Guardian) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PARENTS/GUARDIANS PLEASE READ, SIGN & DATE THE FOLLOWING:**

I, the undersigned, hereby give permission for the above child to attend this camp sponsored by Alpine Camp and Conference Center. I agree to hold harmless Alpine or its agents for any and all claims for injuries, illness, causes of action, the rendering of emergency medical care, or liability related to use or participation in any camp activities. The activities may include, but are not limited to, swimming, ropes course, rock climbing tower, paintball and all other recreational activities. I also give permission for participation in any offsite activities during camp and/or to be transported to and from any offsite activities, or emergency locations, if any, by authorized vehicles. In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to the physician selected by the camp administration to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child, as named in this registration form. I also give permission to photograph and video my child for any future promotional materials, including Alpine's website postings, without expectation of compensation.

**Camper/Counselor/Guest Signature:** (if over age 18) \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**For campers under the age of 18 a Parent/Guardian must fill out, sign and date this registration form with no additions, deletions or changes. Thank you.**

An incredible time at Alpine Camp and Conference Center awaits everyone regardless of race, color, national origin, sex, disability or religious preference.

ALPINE CAMP AND CONFERENCE CENTER  
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