

2009 Cathedral of the Pines

DATA AND HEALTH FORM FOR VOLUNTEER & RETREAT PARTICIPANTS

This form must be completed and signed by a parent or guardian and the camper. Your child cannot attend camp unless the form is completed and on file at Mount Olivet Lutheran Church.

Return form to: Camp Coordinator, Mount Olivet Lutheran Church, 5025 Knox Ave So, Mpls, MN 55419

Date of Camp Period _____

Camper: _____ Nickname: _____

Address: _____ City/State/Zip: _____

Gender: M or F Age: _____ Birthdate: _____ Grade '09-'10: _____ School: _____

Parent(s) or Guardian(s):

1) _____ Relationship: _____

Phone: (home) _____ (work) _____ (cell) _____

2) _____ Relationship: _____

Phone: (home) _____ (work) _____ (cell) _____

Other Emergency Contact: _____ Phone: _____

Physician/Clinic Name: _____ Phone: _____

• Health Insurance Information •

(Please complete blanks appropriate to your insurance coverage.)

Please note that available medical facilities may not accept your health insurance coverage and parents/guardians are financially responsible for all cost of medical treatment for their camper.

Carrier or Plan Name: _____ Group #: _____

Carrier Address: _____ Phone #: _____

Name of Insured: _____ Relationship to camper: _____

Social Security # of Policy Holder or Insurance ID #: _____

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IF YOU DO NOT CARRY HEALTH INSURANCE, PLEASE READ AND SIGN BELOW:

We have no health insurance, but understand we are responsible for any medical cost incurred while camper is at Cathedral of the Pines.

Sign to Acknowledge if Applicable

RELEASE FORM

Cathedral of the Pines Camp, Inc.

5025 Knox Avenue South • Minneapolis, MN 55419

Phone: 612/767-2207 • Fax: 612/926-4340

This form gives permission for the camper listed below to attend and participate in Cathedral of the Pines Camp during 2009. ("Session")

Please read the following statements carefully, fill in the required information below, and then date and sign this form. By signing this form, you are releasing Cathedral of the Pines Camp, its employees, representatives, and volunteers from any liability, personal injury, death, or property loss incurred in connection with the Session. You are also giving Cathedral of the Pines Camp, its employees, representatives, and volunteers permission to seek whatever medical attention we deem necessary in the event of an emergency.

- I have read the handbook and discussed it with the Camper. We understand that attendance at Cathedral of the Pines Camp requires compliance with all policies stated in the handbook. We have familiarized ourselves with Cathedral of the Pines Camp programming and activities.
- I understand that Cathedral of the Pines Camp emphasizes safety at all times to minimize the risk of injury to participants and staff. Despite these safety precautions I acknowledge that accidents do happen.
- I understand that available medical facilities may not accept my health insurance coverage and I agree to be responsible for all costs of medical treatment for the Camper.
- I agree that the Camper's quotes and/or photographs may be used by Cathedral of the Pines Camp for promotional literature.
- I certify that all of the requested information about the Camper is both accurate and complete.

I agree (on behalf of myself and/or the Camper) that Cathedral of the Pines Camp together with its employees, representatives, agents, and volunteers (collectively, "the Camp") shall not be responsible for and are hereby released from any liability for any personal injury, death, or property loss incurred in connection with the Session. I also authorize the Camp to seek emergency medical treatment on behalf of the Camper in the event that such treatment is deemed necessary or appropriate by the Camp and release the Camp from any liability related to that decision or treatment. I understand that participation by the Camper in the Session is voluntary. I further understand that transportation for the Session will be provided by third-party commercial carriers. I understand and agree that the scope of this release does not extend to willful, wanton, or intentional misconduct on the part of the Camp.

Camper Name _____

Date _____ **Parent/Guardian Signature** _____

Did you remember to include the date of the most recent tetanus shot?

Camper Pledge

I, _____, promise to show respect for other campers, staff and property. I am able and willing to follow directions and keep track of myself and my personal belongings. I promise to learn about God, be a friend and have fun.

Camper Signature _____