



HIGHLAND LAKES CAMP & CONFERENCE CENTER

5902 Pace Bend Rd. North • Spicewood, TX 78669
888-222-3482 • 512-264-1777 • 512-264-2794 (Fax)
www.highlandlakescamp.org

STUDENT REGISTRATION FORM

PLEASE COMPLETE FORM AND RETURN TO YOUR GROUP CONTACT PERSON. DO NOT MAIL TO HLCCC.

INSTRUCTIONS: Individuals 18 years of age or younger— Complete the Student Registration form in its entirety. Parent or legal guardian signature is required on each of the 3 pages. All requested information is applicable. Type or print legibly in Dark Ink. The COMPLETED Medical/Liability Release form is a REQUIRED document authorizing entrance to HLCCC property and participation in camp activities. Upon arrival, the completed form must be delivered to HLCCC administrators. Texas Law requires that the completed original medical form be kept in the Campus Nurses' Station and become a document of permanent HLCCC record.

Student Camper's Name: _____
 First _____ Middle _____ Last _____ (indicate name used)

Mailing Address: _____
 Street _____ Apt. # _____ City _____ State _____ Zip _____

Birth Date: ____/____/____ Age Now : ____ Sex: (M/F) ____ Grade (entering Fall): ____ T-Shirt (Adult Size): ____
 Mo. Day Year

Home Phone: (____) _____ E-mail: _____ Social Security #: _____

Have you (camper) been convicted of a felony: YES NO If yes, explain: _____

Name of Church or Group with whom you are attending: _____ City: _____ State: _____

Parent / Legal Guardian: _____ Relationship to You: _____

Parent / Legal Guardian Phone Number: Daytime (____) _____ Evening (____) _____ Other (____) _____

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

HIGHLAND LAKES BAPTIST ENCAMPMENT d/b/a HIGHLAND LAKES CAMP & CONFERENCE CENTER hereinafter referred to as the "Camp" requires a signature for all attendees of the Camp and all participants of any Camp activity including, but not limited to, Challenge/Ropes Course (highs and lows), Paint Ball, Water Crafts, Water Toys, Swimming Pool, Bicycle Course, Backpacking, Camping, Basketball, Football, Baseball, Softball, Volleyball, and any and all other camp and recreational sports and activities. Furthermore this form releases the Camp to photograph and/or use photographs of myself or my child for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative problems, high and low challenge course, paint ball and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level **IS AT ALL TIMES COMPLETELY UP TO THE INDIVIDUAL'S CHOICE** and, if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp Activity. **I agree to assume such risks and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Highland Lakes Baptist Encampment d/b/a Highland Lakes Camp and Conference Center from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in any and/or all Camp activities.**"

If you feel that there are any activities in which you or your child should **NOT** be involved in, please describe for us on an attached sheet the activities (include name and church/group name on the attached sheet). I understand the directors of Highland Lakes Baptist Encampment reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Highland Lakes Baptist Encampment programs.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X _____ **X** _____
 REQUIRED Student Camper's Signature Date REQUIRED Parent or Legal Guardian Signature Date

IMPORTANT... SEE REVERSE SIDE FOR MANDATORY MEDICAL RELEASE & SIGNATURE(S)



STUDENT MEDICAL HISTORY AND AUTHORIZATION FORM

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information. It is recommended that you attach a photocopy of your family medical insurance card.

Camper's Name: _____ Birth Date: ____/____/____ Age: ____ Sex: (M/F) ____
First Middle Last Mo. Day Year

Church: _____ City: _____ Dates at HLC: ____/____/____ to ____/____/____

Person to Notify in **Event of Emergency**: _____ Relationship to You: _____

Phone Number of Contact Person: Daytime (____) _____ Evening (____) _____ Other (____) _____

If unable to reach above person: Notify _____ Relationship to You: _____

Phone Number of Contact Person: Daytime (____) _____ Evening (____) _____ Other (____) _____

Family Physician: _____ Phone: (____) _____

Medical Insurance Co.: _____ Plan or Group #: _____

Policy Holder: _____ Policy Holders date of birth: ____/____/____

Insured ID or Member #: _____ Ins. Co. Phone #: (____) _____

<p>MEDICAL INFORMATION</p> <p>Significant Allergies (specify)</p> <p><input type="checkbox"/> Food: _____</p> <p><input type="checkbox"/> Insect Sting: _____</p> <p><input type="checkbox"/> Medicine/Drug: _____</p> <p><input type="checkbox"/> Plant/Pollen: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Special Diet: _____</p> <p>Recent Surgery? _____</p> <p>Date of last Tetanus Shot? _____ Immunizations Current? _____</p>	<p>Diseases, Chronic or Recurring Illness: (Check all that apply, explain)</p> <p><input type="checkbox"/> Asthma: _____</p> <p><input type="checkbox"/> Bleeding Disorder: _____</p> <p><input type="checkbox"/> Dermatological Condition: _____</p> <p><input type="checkbox"/> Diabetes: _____</p> <p><input type="checkbox"/> Ear Infections: _____</p> <p><input type="checkbox"/> Heart Defect: _____</p> <p><input type="checkbox"/> Seizures: _____</p> <p><input type="checkbox"/> Stomach Condition: _____</p> <p><input type="checkbox"/> Emotional: _____</p>
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State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original container (prescription or over-the counter) properly labeled as prescribed by law. Prescription labels must have the camper's name and current dosage. A current Medication Administration Authorization Form MUST accompany all medication. Medications and Administration instructions will be collected and reviewed by HLC Medical staff upon camper arrival. HLC Medical staff requests that you NOT send over the counter medications such as Tylenol, Ibuprofen, Benadryl or antihistamines. HLC stock an assortment of over the counter medications for the occasional need.

HEALTH CARE AND CAMP PERMISSION— ALL PARENTS/GUARDIANS MUST INITIAL & SIGN THE STATEMENTS BELOW.

____ I give my permission for first aid techniques and simple health care to be administered as the need arises. I understand in the event of any serious injury or illness on the part of my child/ward, the camp officials reserve the right to seek professional medical attention including but not limited to consultation with medical director, EMS transportation, and hospitalization.

____ I give permission for my child/ward in consultation with the Camp Health Supervisor and/or the medical director's standing orders to be given the following medications as indicated by checking below:

<input type="checkbox"/> acetaminophen (i.e. Tylenol)	<input type="checkbox"/> ibuprofen (i.e. Advil)	<input type="checkbox"/> decongestant (i.e. Sudafed)
<input type="checkbox"/> antihistamine (i.e. Benadryl, Claritin)	<input type="checkbox"/> antihistamine cream	<input type="checkbox"/> antibacterial ointment
<input type="checkbox"/> antacid tablet (i.e. Tums)	<input type="checkbox"/> additional medications as indicated/prescribed by the HLC Medical Director	

I hereby attest that all information listed on this Medical Form is complete and accurate to the best of my knowledge that my child/ward is in acceptable health, physical ability, and emotionally ready to fully participate in camp. I grant my permission, as the parent/guardian of the camper mentioned on this form, to participate in all activities associated with the enrolled event with the exceptions of those that are noted.

I, _____ being the legal guardian of _____ give my permission to Highland Lakes Camp and Conference Center's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Highland Lakes Camp sponsored activities.

X _____ **REQUIRED Parent or Legal Guardian Signature** ____/____/____ (____) _____
Date **Phone Number**

I, _____ being an 18 year old student camper give my permission to Highland Lakes Camp and Conference Center's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Highland Lakes Camp sponsored activities. **X** _____ **Student Signature** **Date** ____/____/____

GENERAL CAMP RULES

1. All medications are to be listed on the Registration/Medical Release form, registered with the HLC medical staff and taken to the Health Center. All medications must be in original bottle and/or container. Medications will be administered as per RX label instructions and dosage, unless written, signed, and dated parental instructions state otherwise. A completed Medication Administration Form should be provided with the medications. Guests are not to share any medications, including over-the-counter medications.
2. Guests who are ill or injured must be either in the HLC camp office, medical clinic, or hospital. In the event of illness or injury, students will not be permitted to remain in their dorm rooms.
3. Prank supplies are not allowed in the dorms (i.e. shaving cream, body paint, water balloons, water guns/blasters). There are no exceptions.
4. Adult supervision is required at the lake and/or pool. **At no time** is a student to go to the lake and/or pool without adult supervision and HLC staff present. Lifejackets are required for lakefront activities, regardless of a person's age or water safety ability.
5. Drugs, alcohol, any form of tobacco, firearms, knives, or any kind of weapon, matches or fireworks are NOT allowed.
6. Guest should not bring the following to camp: Cell phones, iPods, mp3 players, video games, CD players, television, laptop computer, play station or any other type of electronic games or equipment should not be brought to camp. Keepsake or valuable jewelry, collectible or memorabilia sportswear should not be brought to camp. HLC will not be responsible for the misplacing or theft of guest personal property.
7. Skateboards, longboards, rollerblades, inline skates, and/or Heely roller shoes are **not** allowed.
8. Guests are discouraged from bringing food items. Snacks will attract ants in the dorms. We suggest that if you bring snacks, that the food be stored in tightly sealed containers, such as a plastic storage container or zip-lock plastic bag. No electric appliances to be used for food preparation is allowed. The HLC Concession stand will be open throughout the day and each evening.
9. Guests (students and adults) are expected to reflect a Christian example by their dress. **Counselors, parents, and church leaders are responsible** for the clothing and appearance of the youth and adults attending camp. The manner of dress should be set and clearly communicated prior to leaving home. Modest skirts, dresses, shorts, and jeans are acceptable in worship. Immodest short shorts or tops, small tank tops, tight clothes, spaghetti strap tops, distasteful designs or messages, cheer shorts and other extreme clothes are not acceptable at any time. Shorts must be longer than the arm and hand when extended down the side of the person. Only one-piece swimsuits or tankinis that cover more than 80% of the stomach are allowed. Bikinis, French cut or one-piece swimwear that resembles two-piece will require a dark colored t-shirt to be worn over them. Campers may be asked to change their attire if an adult or HLCCC staff feels their dress is inappropriate.
10. Refrain from Public Display of Affection with others.
11. Under NO circumstances are girls to be in guys rooms or guys in girls rooms.
12. No fighting or inappropriate / profane language is allowed.
13. Students are to respect all adult leaders and follow their instructions. All adults—members of HLC leadership team, church leadership teams, and adult volunteers—are in places of authority over all students. They have been trained in how to guide students for each particular event.
14. Everyone must attend all scheduled events. If your group is in an activity, whether in the classroom or on the athletic field, you must be with them. There are no exceptions to this unless you are injured or sick and are at the HLC Health Center, doctor's office or hospital.
15. Guest **MUST** be in the dorm by designated camp curfew. Your curfew is for your security and for your mental and physical well-being.
16. Guest must wear nametags at all times. Each camp participant will be issued a nametag upon arrival, which is to be worn during all meals, and other activities during the day.
17. Guests are not allowed to leave Highland Lakes Camp without proper parental written authorization and approval of HLC administrative staff.
18. Guests are not allowed to bring pets on campus. No pets in the dorms, motels, or meeting rooms.
19. Guest and/or church group leadership will be held financially responsible for any property damages that occur during their stay at HLC. Campers should refrain from writing on furniture or walls. Do not use duct tape to affix signs to doors or walls.
20. For your safety, guests are not allowed on any HLC "RESTRICTED" property areas.

STUDENT CONTRACT	PARENTAL/GUARDIAN
<p>I have read the HLCCC General Camp Rules listed above and promise to abide by all established regulations for my enjoyment and for the safety of all participating in Camp.</p> <p style="font-size: 2em; font-weight: bold; margin-top: 20px;">X</p> <p style="margin-top: 10px;">_____</p> <p style="text-align: center; margin-top: 5px;">REQUIRED Student Camper's Signature Date</p>	<p>I have read the HLCCC General Camp Rules listed above and understand that my son/daughter may be dismissed from Camp and sent home at my expense if he/she does not adhere to the established regulations. I authorize my son/daughter to participate in all camp activities, unless written notification attached specifies otherwise.</p> <p style="font-size: 2em; font-weight: bold; margin-top: 20px;">X</p> <p style="margin-top: 10px;">_____</p> <p style="text-align: center; margin-top: 5px;">REQUIRED Parent or Legal Guardian Signature Date</p>

PARENTAL AUTHORIZATION IN THE EVENT OF NEED FOR EARLY RELEASE

It is understood that my child will return home with the church group he/she arrive with. However, in the event that my child needs to be released early (due to illness or any unexpected situation) he/she **MAY BE** released to the following persons. If a camper is to be released from camp early, both the camper and adult picking up the camper **MUST** officially check out through the main camp office or Health Center. Proper identification is required.

Name	Relationship	Driver License No.	Contact Number
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

PLEASE DO NOT RELEASE MY CHILD TO:
