



# RUSHVILLE FAMILY CAMP

## Camp Registration Form

Mail Completed Forms to:  
Rushville Family Camp  
503 E Jefferson St  
Rushville, IL 62681

For Office Use:

Date Received \_\_\_\_\_

Dorm Assignment \_\_\_\_\_

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Home Church \_\_\_\_\_

Is the Applicant in good health and able to participate in camp activities?  YES  NO

If no, please explain: \_\_\_\_\_

Does the Applicant have any know drug, food or other types of allergies?  YES  NO

If yes, please explain: \_\_\_\_\_

Does the Applicant take any daily medications?  YES  NO

If yes, complete the table:

Medication	Time Taken	Reason Taken

Is there any additional information about the campers physical, mental, emotional health in which we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent(s)/Guardian(s) Information

Name \_\_\_\_\_ Email \_\_\_\_\_

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

Name \_\_\_\_\_ Email \_\_\_\_\_

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

Person to notify if we cannot reach the parent(s)/gaurdian?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Do you have a parent(s) attending camp with you?  YES  NO

If no, name(s) of gaurdian(s) responsible: \_\_\_\_\_ Phone \_\_\_\_\_



# Camp Release Form

**Camper Name Printed :** \_\_\_\_\_

### Permission to Secure Treatment

In the event of any emergency, I authorize Rushville Family Camp to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
PRINTED NAME \_\_\_\_\_

### Important Information

Rushville Family Camp is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. Rushville Family Camp strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety. Please recognize that Rushville Family Camp does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would not allow us to offer our free camp. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make Rushville Family Camp automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

### Release of Liability & Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have against Rushville Family Camp and its officers, agents, volunteers and employees as a result of participation in the program. I do hereby fully release and discharge Rushville Family Camp and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s). I further agree to indemnify and hold harmless and defend Rushville Family Camp and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s). In the event of any emergency, I authorize Rushville Family Camp to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

### Photography Release

I give permission for my child's picture to be used in advertisements for the Rushville Family Camp. I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
PRINTED NAME \_\_\_\_\_