



TRCC Registration Form

ALL guests of TRCC must complete this form

NOTE: PLEASE DOWNLOAD BEFORE PRINTING OR FILLING IN THIS FORM

Guest Information

| | | | | | | |
|--|--|---|---|---|--------------------------------|---------------------------------|
| <input type="checkbox"/> Youth (Under 18 yrs) | <input type="checkbox"/> Adult (18 yrs & over) | <input type="checkbox"/> First time at TRCC | <input type="checkbox"/> I'm back! ☺ | | | |
| Church/Organization: Grace Christian Academy | | Event Dates: 9 / 11 / 19 - 9 / 13 / 19 | | | | |
| Type of Camp (Check all that apply): | | Church <input type="checkbox"/> | Youth <input checked="" type="checkbox"/> | College <input type="checkbox"/> | Women <input type="checkbox"/> | Family <input type="checkbox"/> |
| | | School <input checked="" type="checkbox"/> | Children <input type="checkbox"/> | Service <input type="checkbox"/> | Men <input type="checkbox"/> | |
| Name: _____ | | | | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | |
| Email: _____ | | | | Phone Number: _____ | | |
| Address: _____ | | City: _____ | | State: _____ | | Zip Code: _____ |
| Emergency Contact: _____ | | Phone: _____ | | | | |
| Relationship to you: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____ | | Alternate Phone: _____ | | | | |

Medical Information

Is the camper up to date on all immunizations? Yes No Last Tetanus Shot: / /

Dietary Restrictions? Gluten Free Vegetarian Nut Allergies Other: _____

Any medical conditions you would like to share? _____

Any allergies you would like to share? _____

Any prescribed medication along with camper of which you would like to make us aware? If so how are they to be administered? _____

Additional Information for Youth (Under 18 Years of Age)

Date of Birth: / / Grade: _____

Parent(s)/Guardian(s): _____

Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Participation Consent and Medical Treatment Authorization

Camp activities may include, but are not limited to, hiking, swimming, mountain scooters, ropes course, target shooting, archery, paintball, team recreation, etc. There are risks of physical harm or injury that could result from attending camp and participating in camp activities. I voluntarily elect myself (or my minor/child) to participate in camp activities and assume the risks of harm or injury that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release TRCC, its officers, employees, and agents from all liability for any injury or harm to me (or my minor/child) as a result of participating in any camp activity. I also authorize TRCC staff to provide transportation to and from activities that may take place away from the camp property. I further release the use of my (or my minor/child's) likeness, voice, and words in video, film, and print to Tonto Rim Christian Camp. In recognizing that TRCC only provides simple topical general first aid supplies, I hereby authorize TRCC staff to assist me (or my minor/child) in securing emergency medical services if such a need arises. I also hereby authorize emergency medical or surgical care by licensed medical care providers.

I have read and understand this Participation Consent and Medical Treatment Authorization.

Signature of Adult Guest or Parent/Guardian

Date

Please submit this form to your group leader!