



# MEDICAL & LIABILITY RELEASE

CHURCH/GROUP: \_\_\_\_\_

Female  Male

Please 1 (one) camper (adult or child) per form & print clearly in blue or black ink.  
All individuals at camp must have a completed form on file.

CAMPER NAME (adult or child): \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

**FOOD SERVICE REIMBURSEMENT PROGRAM:** The financial information you provide below allows us to participate in a food grant program. This program allows us to keep our cost of camp among the lowest in all of Southern California while still maintaining amazing programming and facilities. Please help us to maximize this program by being as thorough as possible. The information is confidential and will not be shared for any other purpose.

If camper is under age 18, please complete the next sections of this form. Your information is **confidential**. You may return this completed form directly to Ponderosa Pines Camp by fax (909-867-3991) or to your Camp Coordinator.

- Does the child qualify for **"Free"** or **"Reduced"** Breakfast or Lunch at school?  
If so, please note the *School Name* and *School District* that they attend, here:  
School: \_\_\_\_\_ District: \_\_\_\_\_
- Is the child a Foster child.  **YES** or  **NO** *If yes, skip to the "Health Information" section.*
- Do you or the child receive any type of *Welfare* or *State Assistance*?  **YES** or  **NO**  
• If so, please indicate the name of that assistance here: \_\_\_\_\_  
• List the associated *Case Number* here: \_\_\_\_\_ *Then skip to the "Health Information" section.*
- How many *people* are you financially supporting? \_\_\_\_\_  
List names of household members: \_\_\_\_\_
- What are the last four digits of your social security number? \_\_\_\_ \_  Check here, ("X" or "✓"), if no Social Security Number.

**Complete this section only if YOU DO NOT receive assistance from the above programs**

Annual Household Income From All Sources: (PLEASE CHECK ONE)		
<input type="checkbox"/> \$21, 775 and below	<input type="checkbox"/> Between \$37,168–\$44,863	<input type="checkbox"/> Between \$60,256–\$67,951
<input type="checkbox"/> Between \$21, 776–\$29,471	<input type="checkbox"/> Between \$44,864–\$52,559	<input type="checkbox"/> \$67,952 and above
<input type="checkbox"/> Between \$29,472–\$37,167	<input type="checkbox"/> Between \$52,560–\$60,255	

**THIS SECTION IS OPTIONAL. THE REQUESTED INFORMATION IS FOR STATISTICAL PURPOSES ONLY.**

<b>1. CHECK ( ) RACIAL IDENTITY:</b>	<input type="checkbox"/> ALASKAN NATIVE OR AMERICAN INDIAN	<input type="checkbox"/> ASIAN	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="checkbox"/> WHITE
<b>2. IS PARTICIPANT OF HISPANIC OR LATINO ORIGIN</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>					
In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA, CDE and Alpine Camp are an equal opportunity provider and employer.					
FOR OFFICE USE ONLY					
MONTHLY INCOME CONVERSION WEEKLY .....X52 EVERY 2 WEEKS (BI-WEEKLY) .....X26 TWICE A MONTH (SEMI-MONTHLY).....X24	HOUSEHOLD SIZE	TOTAL HOUSEHOLD MONTHLY INCOME: \$	<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> CATEGORICALLY ELIGIBLE	
			<input type="checkbox"/> FOSTER CHILD	<input type="checkbox"/> INCOME ELIGIBLE	
DESIGNATED OFFICIAL: _____			DATE: _____		

## PONDEROSA PINES CHRISTIAN CAMP, INC.

P.O. Box 1247 • Running Springs, CA 92382 • PHONE (909) 867-7037 • FAX (909) 867-3991 • [www.pondo.org](http://www.pondo.org)

**FILL OUT & RETURN TO YOUR GROUP LEADER.**  
**IF YOU ARE ATTENDING CAMP AS AN INDIVIDUAL, BRING FORM TO CAMP.**

FOR OFFICE USE ONLY

CABIN NUMBER

### HEALTH INFORMATION

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Are there any medical conditions we should know about?  Yes  No Nature and Extent: \_\_\_\_\_

List all medications brought to camp along with dosage and frequency: \_\_\_\_\_

*All medications must be turned in to the infirmary. Medications must be in original container, labeled, with specific written dispensing instructions by a parent, legal guardian or medical doctor.*

If needed, may a health tech dispense (check box if answer is yes):  Tylenol?  Advil?  Pepto Bismol/Tums?  Cough Syrup?

Is the camper allergic to any medications or foods?  Yes  No If yes, please explain: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Camper insurance begins where individuals health and accident insurance policy terminates. It is only valid when other insurance has been extended to its limits. In case of no personal policy, Ponderosa Pines' policy will provide coverage within its limits for accidents only (\$1000 per injury).

In case of emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child/the camper as named above. It is understood that the camp and doctor will make every effort to contact the parent/guardian of the child before treatment.

**PHOTOGRAPHY:** Registering for camp gives Ponderosa Pines permission to use your child's likeness in print, video or on the internet for promotional purposes.

**OFF-SITE TRANSPORTATION:** Registering for camp gives Ponderosa Pines permission to transport your child to off-site activities if applicable.

**DISCIPLINE POLICY:** I understand that my child comes under the authority and reasonable guidelines of Ponderosa Pines and may be sent home in the event of a violation of the rules. If this should occur, I agree to come and get my child immediately.

### PARTICIPATION, RELEASE, WAIVER & INDEMNITY AGREEMENT

WHILE PONDEROSA PINES CHRISTIAN CAMP MAKES EVERY EFFORT TO PROVIDE A SAFE AND PLEASANT ENVIRONMENT FOR YOUR CHILD, WE DO REQUIRE THAT THIS PARTICIPATION AGREEMENT BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO PARTICIPATE IN THE ACTIVITIES WHICH OCCUR AT PONDEROSA PINES.

I, the undersigned, give permission the aforementioned camper to participate in the activities that occur at Ponderosa Pines Christian Camp, and on our around Ponderosa Pines. These activities include, but are not limited to, swimming in the pool, hiking, climbing, archery, disc golf, tetherball, horse shoes and strenuous competition games. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

Although Ponderosa Pines Christian Camp has taken reasonable steps to provide equipment and skilled employees so your child can participate in activities for which he/she may not be skilled in, we now remind you that these activities are not without risk. Certain risks cannot be eliminated due to the camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury, illness or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about the inherent risks.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Ponderosa Pines Christian Camp, Inc., its officers, Board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Ponderosa Pines Christian Camp, or on or around Ponderosa Pines. This release does not apply to intentional and/or willful acts of misconduct by Ponderosa Pines Christian Camp or any of it's officers, Board, agents or employees.

Should Ponderosa Pines Christian Camp or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Ponderosa Pines Christian Camp harmless for all such fees an costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Ponderosa Pines Christian Camp on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it and agree to be bound by it's terms.

Section 9 of the National School Lunch Act requires that, unless the participant's food stamp, CalWORKS, Kin-GAP, or FDIPIR number is provided, you must include the last four digits of the Social Security # of the household member signing the statement or an indication that they do not possess a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. Verification efforts may be carried out through program reviews, audits and investigations, and may include contacting employers to determine income, contacting a social service office to determine current certification of Food Stamp, CalWorks, Kin-GAP, FDIPIR benefits, contacting the State Employment Development Department to determine benefits received, and checking documentation provided by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. USDA is an equal opportunity provider and employer. I certify that all of the above information is true and correct and I voluntarily sign it.

In accordance with Federal law and US Department of Agriculture policy, the institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

**Parent, Guardian or Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(You should sign your own release if you are 18 years old or older)*

Print Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_