

# 2012 Camp Heritage Summer Camp Application

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender Male Female

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

Parents/Legal Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

## Camp Fees per Person

\_\_\_\_ Cub Camp \$160.00  
\_\_\_\_ Junior I Camp \$160.00  
\_\_\_\_ Junior II Camp \$160.00  
\_\_\_\_ Teen Canoe Camp \$185.00  
\_\_\_\_ Family Camp (13+) \$130.00  
\_\_\_\_ Family Camp (7-9) \$90.00  
\_\_\_\_ Family Camp (2-6) \$60.00  
\_\_\_\_ SIT Camp \$150.00

## Other Expenses

\_\_\_\_ Transportation Des Moines IA to Camp \$30.00  
\_\_\_\_ Transportation Hwy 65/2 IA to Camp \$30.00  
\_\_\_\_ Transportation Camp to Des Moines IA \$30.00  
\_\_\_\_ Transportation Camp to Hwy 65/2 IA \$30.00  
\_\_\_\_ Store Deposit  
\_\_\_\_ Friend Discount 1 friend - \$20\*\*  
\_\_\_\_ Friend Discount 2 friends - \$40\*\*  
\_\_\_\_ Multiple weeks discount - \$10\*\*  
\_\_\_\_ Total  
\_\_\_\_ Deposit \$100.00 (\$70 non-refundable)  
\_\_\_\_ Balance Due



Friends name for Discount: \_\_\_\_\_

## Payment

\_\_\_\_ Cash (On site only) Please do not mail cash. Credit Card # \_\_\_\_\_  
\_\_\_\_ Check payable to Camp Heritage Exp. Date \_\_\_\_\_  
\_\_\_\_ Credit Card VISA MC Discover Zip \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## Other

Authorized Pick Up Names \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

Roommate Request \_\_\_\_\_

Activities: Please see the brochure to select the top 5 activities that you prefer.

\_\_\_\_\_  
I have read the form and will abide by Camp Heritage rules and regulations.

Register on-line @ [www.campheritage.com](http://www.campheritage.com)

Mail to: Camp Heritage, PO Box 65665, West Des Moines, IA 50265 Fax (515)223-5692 Call (515)223-1197

# 2012 Camp Heritage Medical Consent and Release Form

## Camper's Guardian and Emergency Contact Information

Camper's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender:  Male  Female  
Legal Guardian(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Day Time Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Day Time Phone \_\_\_\_\_

## Camper's Health Record and Medical Information

Camper's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_  
Health Card # \_\_\_\_\_ Group # \_\_\_\_\_  
Does Camper have any medical restrictions?  Yes  No. If so, explain \_\_\_\_\_  
Does Camper have any activity restrictions?  Yes  No. If so, explain \_\_\_\_\_

## Camper's Medical History/Allergies

Sore Throats       Sleepwalking       Convulsions       Drugs      Remedy: \_\_\_\_\_  
 Dietary restrictions       Heart Trouble       Asthma       Food       Nurse administered  
 Bronchitis       Diabetes       Fainting       Plants       Self Care  
 Psychological needs       Kidney Trouble       Sinusitis       Animals  
 Upset Stomach       Bed wetting       Bee/Insect stings      Dietary Information:  Vegan  
Other \_\_\_\_\_ Other \_\_\_\_\_

## Camper's Medication

Is camper currently taking medications?  Yes  No      Date of last Tetanus shot \_\_\_\_\_  
If so, explain \_\_\_\_\_  
Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

## Camper's Medical and Liability Release

The undersigned parent or legal guardian (the "Guardian") of the camper identified in this application (the "Camper") hereby consents to, and approves, such Camper's participation in all camping, sporting and recreational activities available at Camp Heritage, including but not limited to rock-climbing, horseback riding, water skiing, canoeing, gymnastics, and "Super Launcher." Guardian also hereby confirms that Guardian understands that activities such as rock-climbing and horseback riding are considered HAZARDOUS, and that other activities such as water skiing, canoeing, and "Super Launcher" are considered HIGH RISK. Guardian hereby releases and discharges Camp Heritage and the Iowa-Missouri Conference of Seventh-day Adventists (the "Conference"), and each of their officers, directors and employees, from any and all liability arising out of or related to any personal injury to Camper, or damage to any property of Camper or Guardian, resulting in whole or in part from Camper's attendance at Camp Heritage or Camper's participation in any activity while attending Camp Heritage, including, without limitation, any such personal injury or property damage that results, in whole or in part, from the negligence of agents and/or employees of Camp Heritage or the Conference. Guardian hereby agrees, on behalf of Camper, that Camper will abide by all regulations and policies of Camp Heritage.

Guardian hereby further grants permission to the management of Camp Heritage and any physician selected by it to secure for or provide to Camper any and all hospital services, medical treatment and/or medications that such persons may consider reasonably necessary for Camper, including injections, routine tests, anesthesia, x-ray, surgery, prescription medications and any related transportation of Camper. Guardian also agrees to be financially responsible for all such expenses in regard thereto.

Guardian further acknowledges that, although Camper is covered by camper accident insurance, such insurance does not cover illnesses, prescription medications, correctional lenses, correctional appliances or any other medical equipment. Guardian hereby agrees that Guardian is and shall be responsible for all medical expenses incurred as a result of non-camp-related illnesses suffered by Camper during Camper's attendance at Camp Heritage, and that any lost, broken or stolen personal belongings of Camper are the responsibility of Guardian.

Guardian further acknowledges that any medical treatment, medical equipment or correctional appliances needed by Camper are to be reported in writing by Guardian to the Camp Heritage nurse in order to ensure that proper care is given to Camper by the Camp Heritage staff during Camper's stay. Guardian further acknowledges that all prescriptions for Camper are to be in their original pharmacy containers, and are to be provided to the camp nurse or van driver, with instructions as to when and how any such medication is to be dispensed. Guardian further agrees that Camper may be photographed and/or videotaped by or on behalf of Camp Heritage during Camper's stay at Camp Heritage, and Guardian hereby grants to Camp Heritage and/or the Conference Guardian's permission, on behalf of Camper, to use any such photographs and/or videotapes in any future promotional and/or advertising publications, and Guardian further releases Camp Heritage and/or the Conference from any and all liability in connection with such use. Guardian further acknowledges that the medical portion of the on-line registration form is to be completed prior to Camper's arrival at Camp Heritage. Remember to bring a copy of insurance card front and back and copy of current immunization records.

**Parent/Guardian Signature: X** \_\_\_\_\_ **Date** \_\_\_\_\_

## DON'T FORGET:

Medical Insurance Card      Shot Records  
(copy of front and back)      (current copy)