



# Camp in the Valley

## 2018 Registration Form

(One form per camper)

### July 23 – 28, 2018

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Camper E-mail: \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_

Custodial parent/guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ preferred contact: \_\_\_\_\_

2nd parent/guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ preferred contact: \_\_\_\_\_

Please send all correspondence to:

**Mo-Ranch Summer Camp**  
2229 FM 1340, Hunt, TX 78024  
800-460-4401, ext. 253  
[summercamp@moranch.org](mailto:summercamp@moranch.org)  
[www.moranch.org](http://www.moranch.org)

Please send completed Registration Packet to [smccracken@moranch.org](mailto:smccracken@moranch.org) or 2229 FM 1340, Hunt, TX 78024, attention: Mo-Ranch Camp In the Valley. Once we have received your Packet, you will receive an email acknowledgement. We look forward to seeing you this summer!



# Parent Questionnaire

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

The following questions are designed to help us place campers into groups, plan our program, and provide helpful information to the camp director, counselors, and instructors who will be working with your child. All information will be kept strictly confidential.

Grade completed by camp \_\_\_\_\_ Age by camp \_\_\_\_\_

Brothers' and sisters' names and ages: \_\_\_\_\_  
\_\_\_\_\_

Has s/he been away from home/family for three or more consecutive nights successfully? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any specific fears? \_\_\_\_\_ Yes \_\_\_\_\_ No Please explain. \_\_\_\_\_

Any physical limitations or special considerations we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Are there specific foods your child enjoys or will not eat? \_\_\_\_\_  
\_\_\_\_\_

Has your daughter started menstrual periods? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, is she prepared? \_\_\_\_\_

Please describe your child's swimming ability. \_\_\_\_\_

Are both parents living? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Camper is living with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Correspondence/Reports need to go to whom? \_\_\_\_\_

Please share with us any personality considerations. Example: shy, nervous, tires easily, temper, natural leader, daydreamer, nightmares, etc. \_\_\_\_\_  
\_\_\_\_\_

Please describe any behavioral situations which we should be aware of and best method of resolution.  
\_\_\_\_\_  
\_\_\_\_\_

What would you like for your daughter or son to get out of the camp experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the back, please describe anything else that you think we should be aware of.

**Some Stuff About Me**  
*Please have your camper fill out this form.*

Name: \_\_\_\_\_ My friends call me: \_\_\_\_\_

Grade completed by camp: \_\_\_\_\_ Age by Camp: \_\_\_\_\_

I've been away from home overnight:                  Never \_\_\_\_\_                  A few times                  Lots

Things I like to do with my friends: \_\_\_\_\_  
\_\_\_\_\_

My favorite type of music is: \_\_\_\_\_

My favorite movie is: \_\_\_\_\_

Other than going to school, I like to: \_\_\_\_\_  
\_\_\_\_\_

At camp I am looking forward to: \_\_\_\_\_  
\_\_\_\_\_

At camp I am nervous about: \_\_\_\_\_  
\_\_\_\_\_

Ways I think I can help at camp: \_\_\_\_\_  
\_\_\_\_\_

To me, God is: \_\_\_\_\_  
\_\_\_\_\_

You should know that I: \_\_\_\_\_  
\_\_\_\_\_

My swimming ability is: \_\_\_\_\_

- I am on a swim team or a strong swimmer
- I can swim pretty well, but not great
- I can't swim well, but want to get better
- I'm afraid of the water or can't swim at all

**Presbyterian Mo-Ranch Assembly**  
Health History Form for Children, Youth and Adults Attending  
Summer Camps

Date of Attendance: \_\_\_\_\_

*The information on this form is not part of the camper or staff acceptance process. Health history is gathered to assist in identifying appropriate care. History must be filled out by parents/guardians of minors or by adults themselves. Update required annually.*

Participant Name *(last, first, middle)*: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age at Camp: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender:  Male  Female

Custodial parent/guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Home address *(if different than above)*: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Business address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Second parent/guardian or Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Business address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

If not available in an emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information**

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

**Parent/Guardian Authorizations:** *This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips out of camp.*

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian or adult camper/staffer: \_\_\_\_\_

*I also understand and agree to abide by any restrictions placed on my participation in camp activities.*

Signature minor or adult camper/staffer: \_\_\_\_\_ Date: \_\_\_\_\_

**A photocopy of front and back of health insurance card must be submitted prior to attendance.**

**Health Information**

**Medication Allergies** (list)

Describe reaction and management of reaction.

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**Food Allergies** (list)

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**Other Allergies** (list)

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**Medications Being Taken**

*Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Attach additional pages for more medications if necessary.*

<input type="checkbox"/> This person takes NO medications on a routine basis.
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<p>This person takes medications as follows:</p> <p>Med #1: _____ Dosage: _____</p> <p>Specific times taken each day: _____</p> <p>Reason for taking: _____</p> <p>Med #2: _____ Dosage: _____</p> <p>Specific times taken each day: _____</p> <p>Reason for taking: _____</p> <p>Med #3: _____ Dosage: _____</p> <p>Specific times taken each day: _____</p> <p>Reason for taking: _____</p> <p>Identify any medications taken during the school year that participant does/may not take during the summer:</p> <p>_____</p>
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## Restrictions

The following restrictions apply to this individual:

### Dietary

- Does not eat red meat       Does not eat pork       Does not eat eggs  
 Does not eat poultry       Does not eat seafood       Does not eat dairy products

other (*describe*): \_\_\_\_\_

### Activity

- This participant has NO activity restrictions.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary):

## General Questions (Explain "yes" answers)

Has/does the participant:

	Yes	No	Explanation
1. had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. ever had problems with joints (e.g. knees/ankles)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. bringing an orthodontic appliance to camp?	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. have any skin problems (e.g. itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. if female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which camp should be aware:

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of family dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**A photocopy of current immunization record must be submitted prior to attendance.**



# PRESBYTERIAN MO-RANCH ASSEMBLY

## AGREEMENT TO PARTICIPATE, ASSUMPTION OF RISK INDEMNITY AGREEMENT AND RELEASE OF LIABILITY

**MINOR PARTICIPANT'S NAME:** \_\_\_\_\_

Whereas, the above named participant (hereinafter referred to as "participant") wishes to be accepted for participation and take part in programs (hereinafter referred to as "Programs") to be organized, conducted, and supervised by Presbyterian Mo-Ranch Assembly of Hunt, Texas (hereinafter referred to as "Mo-Ranch"); and in consideration of Mo-Ranch's action in allowing participant to participate in such Programs:

The undersigned, as legal guardian of participant, acknowledges that during the said Programs that participant has requested to participate in, certain risks and dangers may occur. This include, but are not limited to the hazards of physically demanding activities, ropes courses and aquatic activities, accident or illness in remote places without medical facilities and the forces of nature. The undersigned further recognizes that these risks may include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents, which may occur. I further understand that in participating in the Programs that participant is requesting to participate in, participant will be exposed to the elements of nature, including temperature extremes and inclement weather.

In consideration of, and for the right to participate in, Programs and services arranged for participant by Mo-Ranch, its Owners, Trustees, Directors, Officers, Employees, Agents, and/or Associates (herein after all called "Mo-Ranch"), the undersigned hereby assumes all the above risks and any other ordinary risk incidental to the nature of Programs which are not specifically foreseeable. **The undersigned also agrees to hold harmless and unconditionally indemnify Mo-Ranch, its Owners, Trustees, Directors, Officers, Employees, Agents, and/or Associates either to participant's person, property or both, or of any other person or party having a legal interest in participant's property or person, including but not limited to accidents, damages, or injuries caused by either, in whole, or in part by any negligent act or omission of Programs or Mo-Ranch or the Owners, Trustees, Directors, Officers, Employees, Agents, and/or Associates of either including but not limited to Mo-Ranch's sole negligence.**

The undersigned hereby gives permission and authorizes medical personnel selected by Mo-Ranch or its agents to provide any medical care for participant, which they believe to be required. This authorization is unlimited in scope including, but not limited to, authority to order injections, anesthesia, surgery, and other invasive medical procedures. The undersigned also understands and agrees to assume full financial responsibility for paying all costs and expenses associated with the provision of medical care for participant. Furthermore, the undersigned also agrees to assume full financial responsibility of any costs associated with any specialized means of evacuation necessary to transport participant to an appropriate medical care facility. The undersigned affirms that the health of participant is good and there is not ongoing physician's care or treatment for any undisclosed condition that bears upon participant's fitness to safely participate in the activities of Programs. In addition, certain health and medical information must be made known to the staff conducting the Program so that they are prepared to respond appropriately if the need arises. This information will be held in confidence.

The undersigned also states that participant is not under, and will not be under, the influence of any chemical substances other than prescribed medication; including alcohol. The undersigned further states that any medication participant may be taking will not affect participant's full participation in Programs or affect participant's personal safety or the safety of others. The undersigned also understand that the participation of participant is entirely VOLUNTARY. Participant enters into this activity and takes full responsibility for their decision to participate, or not to participate, and agrees to follow all safety instruction and rules.

Both parties irrevocably consent and submit to the jurisdiction and venue of the State and Federal Courts having jurisdiction of Kerr County, Texas in connection with any suit, action, or other proceeding concerning this Agreement and Release. If any dispute results, then both parties agree to binding arbitration. If any provision of this Agreement and Release is found to be unenforceable by a Court of the last resort, it is the parties' intention that the Court should reform the unenforceable provision so as to best approximate the parties' intent, and to enforce the provision as reformed.

Agreement and Release for participation starting \_\_\_\_\_ and ending \_\_\_\_\_

Date

Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Please check the following program(s) you will be participating in while at Mo-Ranch:**

Conference  Environmental Leadership Program  Summer Camps  Day Camp  Other \_\_\_\_\_

# OVER-THE-COUNTER MEDS, PHOTO AND TRANSPORTATION FORM

CAMPER'S NAME \_\_\_\_\_

SESSION: July 23 - 28, 2018

## OVER-THE-COUNTER MEDICATIONS:

I hereby give permission to the health care staff at Mo-Ranch to administer over-the-counter medications to the above named child as needed. Over-the-counter medications will be administered as prescribed in the Standing Orders from the Mo-Ranch Medical Doctor. Exceptions to the above: \_\_\_\_\_

\_\_\_\_\_ (Please initial)

## PHOTO RELEASE:

I understand that photographs, video and/or digital images (hereinafter "images"), may be taken of my minor's participation in various activities while at Mo-Ranch Camp in the Valley. I further give permission and consent that any such photographs may be published and used by Mo-Ranch Summer Camp and the American Camp Association® and its agents. I understand that no names or personal contact information will accompany any images. I understand that these images may be used in web- site photo albums and other promotional materials and/or publications. I acknowledge below that I do consent to such images of my minor's likeness being taken and do not request compensation for the use of my minor's likeness.

\_\_\_\_\_ (Please initial)

## TRANSPORTATION RELEASE:

I give permission for the camper named above to be transported by Mo-Ranch staff in approved vehicles on and off premises for program activities, medical care, and shuttle to and from Camp Thicket. I also grant permission for the people listed below to pick up my camper.

\_\_\_\_\_ (Please initial)

\_\_\_\_\_  
Custodial parent or legal guardian (please print)

\_\_\_\_\_  
State & Driver's License Number

\_\_\_\_\_  
Second custodial parent or legal guardian (please print)

\_\_\_\_\_  
State & Driver's License Number

\_\_\_\_\_  
Additional pick up person (please print)

\_\_\_\_\_  
State & Driver's License Number

If your camper will be picked up earlier than the normal schedule, Camp staff must be notified in writing prior to the early departure. All people picking up a child, including the parent or legal guardian may be asked to show photo identification to Camp Staff. **We will not release your camper to anyone other than the person(s) listed above.**

\_\_\_\_\_  
Custodial parent or legal guardian signature

\_\_\_\_\_  
Date