

Camper Information:

Last Name _____ First Name _____
Mailing Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone _____ Email _____
Church _____
Age _____ Biological Gender _____ Grade in Fall ____ First time camper? Yes No
Parent or Guardian's full name _____
Parent Work Phone _____ Parent cell phone _____
Roommate Request _____
T-Shirt Size (circle one)
Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL Adult 2X

Emergency Contact:

Name _____ Relationship _____
Home Phone _____ Work Phone _____

Payment Options:

A minimum, non-refundable deposit of \$50 is required.

\$260 if paid in full by May 31 or \$290 after that date \$ _____

Donation to TLC \$ _____

TOTAL ENCLOSED (Must be at least \$50) \$ _____

Please charge my Visa or Mastercard:

Name on card _____ Card # _____

Expiration Date _____ CW# (3 digits on Signature Panel) _____

Signature _____

Please send me a campership request application ☐

Please make checks payable to Triumphant Life Camp or TLC

Mail this completed form and your check to:

Triumphant Life Camp; PO BOX 7156; Eureka, CA 95502

For questions call: 707-445-2267

Medical History and Insurance Information:

Please notify TLC if your child is exposed to any communicable illness (i.e. flu, measles, chicken pox) or pests (i.e. head lice) three weeks prior to camp.

Height _____ Weight _____ Date of Birth _____

Family Doctor or Pediatrician _____ Phone _____

Hospital or Clinic _____ Phone _____

Date of Last Tetanus Immunization _____

Allergies _____

Known Health Needs or Activity Restrictions _____

Medications taken regularly _____

Please send all medications in original containers with dispensing instructions.

Permission to administer over the counter medicine (i.e. Tylenol, Sudafed, etc.): Yes / No

Insurance Company _____

Policy Number _____

Subscriber Name _____ Relationship _____

2019 Summer Camp Dates:

Please check your week of camp.

<u>Camp</u>	<u>Dates</u>	<u>Cost</u>
<input type="checkbox"/> 10th - 12th grade	July 10-15	\$290*
<input type="checkbox"/> 8th & 9th grade	July 17-22	\$290*
<input type="checkbox"/> 6th & 7th grade	July 24-29	\$290*
<input type="checkbox"/> 4th & 5th grade	July 31-Aug 5	\$290*

*Early Registration Discount: \$260 if paid or postmarked by May 31 or \$290 after that date.

A confirmation letter and a "What to Bring" list will be mailed to you.

Check in and registration at TLC begins promptly at 4:00 PM each Sunday. *Early check in is not an option.*

Parent Authorization:

This health form is correct as far as I know. The person herein described has permission to engage in all camp activities except as noted by me and to be photographed and videoed for TLC promotional use. I hereby grant permission for camp staff to search, examine, or inspect any and all personal belongings should they feel it is necessary. In case of a medical emergency, I hereby give permission to the physician or healthcare professional selected by the camp director to administer or secure proper emergency treatment and hospitalize, as he/she deems necessary. I understand TLC only carries secondary insurance for campers, and I will take primary responsibility for any charges occurring in the event the camper above should need any medical attention at any clinic, facility, or hospital. In the event a camper is not covered by an insurance policy, TLC will provide primary coverage.

 Parent Signature _____ Date _____



Triumphant Life Camp

P.O. Box 7156, Eureka, CA 95502

(707) 445-CAMP

Email: summercamp@tlc-camp.org Web site: www.tlc-camp.org

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for participating in the Triumphant Life Camp summer camps, I/we hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, Triumphant Life Camp, their officers, agents, servants, or employees (Collectively, "Triumphant Life Camp" and hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, illness, including death, that may be sustained, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activities, or while in, on or upon the premises where the activities are being conducted.
2. I am fully aware of the usual and unusual risks involved and hazards connected with these activities, including but not limited to risk of transmission of disease, including Covid-19, athletic injury or for safety and care interventions that may need to be implemented based upon my child's behavior. I hereby elect to voluntarily have my child participate in said program/activities with full knowledge that said program/ activities may be hazardous to my child. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING ILLNESS OR DEATH, that may be sustained, or any loss or damage of property, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my child's participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and my heirs, assigns and personal representative, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of California.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT my child is well enough to participate in these activities. I am not aware of any reason that would restrict his/her full participation. I understand the expectations above; and, I have read the foregoing Waiver of Liability, and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed. No oral representations, statements, or inducements, apart from the foregoing written agreement, have been made. I am at least eighteen years of age and fully competent, and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

Print name of child _____ Date: _____

Print name _____

Signature _____