



TWIN ROCKS FRIENDS CAMP AND CONFERENCE CENTER

P.O. Box 6 ♦ Rockaway Beach, Oregon 97136 ♦ 503-355-2284 ♦ www.twinrocks.org

I give permission for (Name of child/youth) _____
to attend Family Camp at Twin Rocks with _____

Signed (Parents or guardians name/s) _____

Home address _____

Home phone _____ Cell phone _____

Other phone number to reach parent/guardian _____

Child's date of birth _____

Health History: Camp personnel will hold this information in confidence.

Allergies? _____ If yes, please specify _____

Please check and explain all that apply:

Asthma _____ Fainting/convulsions _____ Heart trouble _____ Diabetes _____

Tubes in ears _____ Severe reactions to bee stings _____

Any current condition requiring medication? _____ If yes, instructions _____

Date of last tetanus shot _____

Any special diet needs? (allergies, vegetarian, diabetic, etc.) _____

Any other medical conditions of which the camp should be aware? _____

Health insurance coverage: Carrier _____ Group ID# _____

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE

This health history is correct so far as I know, and the child described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities and particularly, but not limited to: swimming, boating, archery, and some ocean activities. I understand that Twin Rocks Friends Camp has taken extensive safety measures, including the certification of its staff in first aid, CPR and water safety as well as making every effort to aid the safety of all camp participants. However, I also recognize that Twin Rocks Friends Camp cannot insure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release Twin Rocks Friends Camp from all liability for any injury to the camper. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of Twin Rocks Friends Camp.

In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director or person responsible (listed above) to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied to have a set available for transportation records and for Twin Rocks Friends Camp's office.

I give permission for Twin Rocks Friends Camp to use any photo, video, or interview of my child taken at camp to be used to illustrate, report, promote and advertise Twin Rocks Friends Camp.

Date _____ Signature of parent/guardian _____