

Registration due by Sunday, March 14, 2010
OR UNTIL CAMP FILLS!!

Camp Ridgecrest

Mandatory Camp Meeting
Sunday, August 8, 6:00 p.m.

****Registration Form****
Dates - August 16-20, 2010
Pritchard Memorial Baptist Church
1117 South Boulevard Charlotte NC 28203
Phone 704-376-1571 Fax 704-376-6304
www.pritchardmemorial.com

For office Use	
Registration:	
Recv'd Date	_____
Pd Amt	_____
Check #	_____
Entered in Xcel	_____
Balance:	
Recv'd Date	_____
Pd Amt	_____
Check #	_____
Entered in Xcel	_____
Forms:	
Med info.	_____
Ins. Crd.	_____
Camp Cov.	_____
Follow up sent	_____
COMPI.FTE	_____

Camper's Name _____ Gender _____ Grade Entering August 2010 _____

Camper's E-mail address _____ Camper's Birth Date _____

Home Address _____ Phone Number _____

City _____ State _____ Zip _____

Correspondence E-mail _____

Father's Name _____ Work Number _____ Cell Number _____

Mother's Name _____ Work Number _____ Cell Number _____

Check if parents are: Married _____ Separated _____ Divorced _____ Single _____

If neither mother nor father can be contacted in case of an emergency, call:

Name _____ Phone number(s) _____ Relationship _____

Name of Camper's church _____ Do you attend regularly? Yes No

Are you attending Ridgecrest with a group/church/friend? Please state who _____.

T-Shirt Size (Please Circle) Youth M L Adult S M L XL

Camp Scholarships are available to those in need. If you are interested, please state why your financial situation necessitates scholarship funding to support your child attending camp. Please note that the \$30 registration fee is required from all campers.

Parent signature _____ Date _____

Medical information REQUIRED on back of this form.

Additional information and required forms will be available on the church website

www.pritchardmemorial.com

Please mail this registration form, with a NON-REFUNDABLE deposit of \$30 by Sunday, March 14, 2010 to PMBC 1117 South Boulevard, Charlotte, NC 28203, **with the balance of \$160 due by Sunday, July 11, 2010**

**** Camp fills early. Deposits accepted on a first come, first served basis. ****

"Send

"Send forth your light and your truth, let them guide me; let them bring me to your holy mountain, to the place where you dwell." Psalm 43:3

EMERGENCY CARE INFORMATION:

Swimming Ability: Note: there is only a lake, no pool, so the water is cooler and dark and there is no wading.
___ **Cannot swim** (Will always need life vest) ___ **Moderate or Above Swimmer** (only needs supervision from lifeguard)

Medical Information:

Known Medicine allergies: _____
Food, Insect, other allergies: _____
Important Past Medical Histories _____

Last Tetanus Shot: _____
Medications camper is currently taking: _____

Special medical information, diet restrictions, or any other consideration about your child should be listed below. All medications-prescribed and over the counter drugs must be given to the camp nurse prior to camp. **All medications both prescribed and over the counter must be given to the Camp Nurse in a clear, plastic, re-sealable, Ziploc bag with the child’s name and any special instruction written on a piece of paper and placed inside the bag.** Any camper with a history of a severe reaction to an insect bite must also provide (in the same plastic bag) a sealed “Anaphylaxis Emergency Treatment Kit”. **Any camper found with any medication or over the counter drugs in the cabins may be subject to being sent home.** By sending medication with your camper, you are hereby affirming that the medications received by the Camp Nurse are the prescribed medications of the camper’s doctor.

Insurance information:

Insurance Company: _____ Policy Holder _____
Policy number/ Group Number _____

Please attach a copy of your insurance card/Medicaid card (front and back).

If you do not have insurance, and would like to be billed at the above parental mailing address for medical services, clearly circle yes and initial: YES Initials _____

MEDICAL RELEASE FORM AND WAIVER

Permission for Medical Treatment and Waiver of Liability for the 2010 Camp Ridgecrest Event
August 16-20, 2010 Black Mountain, NC

My permission is granted for Camp Ridgecrest employees or The Camp Director, Church Officials, Camp Staff, or Camp Nurse or adult present to obtain necessary medical attention in case of sickness or injury to my child. I understand that Pritchard Memorial Baptist Church and any attending Camp Director, Church Officials, Camp Staff or Camper assume no responsibility for injuries, illness, death, loss or damage which my child may sustain as a result of his/her participation in these activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. Additionally, I, the undersigned, do hereby verify that the information listed is correct and I do hereby voluntarily release and forever discharge Camp Ridgecrest employees, Pritchard Memorial Baptist Church, The Camp Director, Church Officials, Camp Staff and Campers from any and all claims, demands, damages, injuries, costs, suits, actions or causes of action, past, or future arising out of any damage or injury while employed by or participating in this Camp or event. I, the undersigned parent/guardian of this child, grant permission to any doctor, nurse, medical technician, or institution to render to my child any necessary medical treatment required in the event of a medical emergency including hospitalization for my child. I understand that no accident or medical insurance is provided with this activity. I, the undersigned, do hereby verify that the medications given to the Camp Nurse have been prescribed by my child’s doctor and assume all responsibility for these medications. Additionally, I authorize the Camp Nurse to give my child these medications. I give my consent for my child to leave the PMBC Campus, participate in this authorized trip and to ride in authorized vehicles for the purpose of transportation to and from Camp Ridgecrest, Black Mountain, NC. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities. I give permission to PMBC without limitation or obligation to use photographs, film footage, or tape recordings which may include my child’s image or voice for any purposes and release The Camp Director, any Camp Staff, or Church Officials, from any claim of liability to that use. I have read and agreed to all the policies and procedures set forth by this document.

Parents or Guardians Name (Print)

Parent’s Signature

Date