

Highland Lakes Camp

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HIGHLAND LAKES CAMP AND CONFERENCE CENTER

5902 Pace Bend Road North * Spicewood, TX 78669

Phone: (512) 264-1777, (888) 222-3482 Fax: 512.264.2794

www.highlandlakescamp.org

e-mail: info@highlandlakescamp.org

Please complete, sign and return this 2-sided document to your group contact person. Do not mail to HLCCC.

STUDENT MEDICAL/LIABILITY RELEASE FORM

INSTRUCTIONS: Complete the Registration form in its entirety. Authorized signature is required on both front and reverse side. Type or print in Dark ink. The Completed Medical/Liability Release form is a REQUIRED document authorizing entrance to HLCCC property and participation in camp activities. Upon arrival the completed form must be delivered to HLCCC administrators. Texas Law requires that the completed original medical form be kept and become a document of permanent HLCCC record.

Date: ____/____/____

Camper's Name: (First) _____ (Last) _____

Mailing Address: _____

Street / Apt #

City

State

Zip

Birth Date: ____/____/____ Age Now: _____ Sex: (M/F) _____

Month Day Year

Phone: Daytime (____) _____ Evening (____) _____ Other (____) _____

E-mail: _____

Name of School with whom you are attending: _____ City: _____ State: _____

MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the below requested information.

Please make certain that you have provided thorough and accurate medical information.

Medications you take for current medical condition (asthma, allergies, etc.) _____

Medications you take occasionally (headaches, etc.) _____

Do you plan to bring these or any other medications to camp with you?

☐ YES ☐ NO

All medications must be brought in the original bottle (prescription or over-the counter), properly labeled as prescribed by law.

Health Information: Do you have, or have you had:

Recent Serious Injury? ☐ YES ☐ NO

Recent Surgery? ☐ YES ☐ NO

Chronic Medical Condition? ☐ YES ☐ NO

Other Health Concerns? ☐ YES ☐ NO

If YES to any of the above, please describe: _____

Special Diet? _____

Immunizations Current? ☐ YES ☐ NO

Date of last Tetanus Shot? _____

Allergies: Food? _____ Drugs? _____

Insect Stings/Bites? _____ Other? _____

Person to Notify in Event of Emergency: _____ Relationship to You: _____

Phone Number of Contact Person: Daytime (____) _____ Evening (____) _____ Other (____) _____

Family Physician: _____ Phone: (____) _____

Medical Insurance Co.: _____ Plan or Group #: _____

Policy Holder: _____ Insured ID or Member #: _____ Ins. Co. Phone #: (____) _____

I, _____ being the legal guardian of _____ give my permission to Highland Lakes Baptist Encampment's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Highland Lakes Camp sponsored activities.

✓ _____ (____) _____
Signature of Parent/Guardian Date (Area Code) Phone Number

IMPORTANT... SEE REVERSE SIDE FOR MANDATORY LIABILITY RELEASE

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

HIGHLAND LAKES BAPTIST ENCAMPMENT d/b/a HIGHLAND LAKES CAMP & CONFERENCE CENTER hereinafter referred to as the "Camp" requires a signature for all attendees of the Camp and all participants of any Camp activity including, but not limited to, Challenge/Ropes Course (highs and lows), Water Crafts, Water Toys, Swimming Pool, Bicycle Course, Backpacking, Camping, Basketball, Football, Baseball, Softball, Volleyball, and any and all other camp and recreational sports and activities. Furthermore this form releases the Camp to photograph and/or use photographs of myself or my child for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level **IS AT ALL TIMES COMPLETELY UP TO THE INDIVIDUAL'S CHOICE** and, if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp Activity. I agree to assume such risks and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Highland Lakes Encampment d/b/a Highland Lake Camp and Conference Center from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in any and/or all Camp activities."

If you feel that there are any activities in which you or your child should not be involved in, please describe for us on an attached sheet the activities (include name and church/group name in the attached sheet). I understand the directors of Highland Lakes Encampment reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Highland Lakes Encampment programs.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document."

Signature of Student _____ Date _____

✓ _____
Signature of Parent or Guardian Date
If Attendee/Participate is under 18 years of age

Highland Lakes Camp General Rules/Policies

1. Prank supplies are not allowed (i.e. shaving cream, water balloons, water guns/blasters) in the buildings. Please request HL approval for use of these items outdoors.
2. Adult supervision is required at the lake and/or pool. At no time is a student to go to the lake and/or pool without adult supervision.
3. Drugs, alcohol, any form of tobacco, firearms, knives, or any other kind of weapon, or fireworks are NOT allowed.
4. Appropriate dress attire is expected. Casual clothing is acceptable during all activities. One piece modest swimsuits are requested. Swimsuits should only be worn at the swimming pool and/or lakefront.
5. Please refrain from Public Display of Affection with girlfriends/boyfriends.
6. No fighting or profane language is allowed.
7. All snack items must be stored in sealable containers to prevent ants and other insects in the dorms and meeting rooms. Texas Department of Health regulations prohibit cooking in dorms or meeting rooms.
8. Guests are not allowed to bring pets on campus. No pets in the dorms, motel or meeting rooms.
9. Students are to respect all adult leaders and follow their instructions.
10. Adults ONLY may bring a cell phone. Please do not use it while at the lakefront. We want to ensure attention is placed on the students for safety reasons.
11. Guests will personally be held financially responsible for any property damages.

Last Name: _____ First Name: _____ Teacher: _____

E.I.S.D. LIVE OAK ADVENTURE (LOA) PERMISSION FORM

Due by October 31st

CHECKLIST:

- ☐ **NON-REFUNDABLE Camp Fee \$150. Make checks payable to Eanes Elementary or Pay Online.**
- ☐ Highland Lakes Student Medical Liability Release Form--parent signature is required on page 2 of that form
- ☐ Eanes ISD Live Oak Adventure Permission Form for School Trip--parent and student signatures required (below)
- ☐ Medical Release Authorization--parent signature required (below)
- ☐ Medication Authorization Form--parent signature required (on page 2 of this form)
- ☐ Deliver medication to school nurse by 10/31/2018. Do not send medication with your student to school or camp.
- ☐ Medication—unexpired, in original containers with dosing instructions--**not in baggies or single blister packs**
- ☐ Prescription medication--pharmacy label must state student's name, type of medication and dosing instructions

EMERGENCY CONTACT INFORMATION

Parent Name: _____ Phone: _____ Alternate Phone: _____

Parent Name: _____ Phone: _____ Alternate Phone: _____

If for some reason I cannot be reached at the numbers listed above, please call the emergency contact listed below:

Name: _____ Phone: _____ Alternate Phone: _____

PERMISSION FOR SCHOOL TRIP

School Organization: 5th Grade

Destination: Highland Lakes Camp

Purpose: Live Oak Adventure

Departure: 9:00 a.m. on Monday 11/12/18 from Eanes Elementary School

Return and student dismissal: approximately 11:45 a.m. Wednesday 11/14/18 from Highland Lakes Camp

I hereby give my permission for my child to attend Live Oak Adventure. It is understood that the students will be supervised during the trip and that normal precautions will be taken in the interest of their safety and well-being. We agree that the District staff will not be held responsible for any accident or misfortune which might occur in connection with the trip. *The student agrees to follow the rules and guidelines set by the school and staff of Live Oak Adventure.*



STUDENT SIGNATURE

DATE



PARENT/GUARDIAN SIGNATURE DATE

MEDICAL RELEASE AUTHORIZATION

PERTINENT MEDICAL INFORMATION, including LIFE-THREATENING ALLERGIES:

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THAT THE SCHOOL STAFF CONTACT ME. I UNDERSTAND THAT I MAY BE REQUIRED TO DRIVE TO HIGHLAND LAKES ENCAMPMENT TO PICK UP MY CHILD IN THE EVENT OF ILLNESS OR INJURY. IF URGENT CARE IS REQUIRED AND THE STAFF IS UNABLE TO CONTACT ME, I AUTHORIZE THEM TO CALL EMERGENCY MEDICAL SERVICES TO EVALUATE AND TRANSPORT MY CHILD TO THE NEAREST APPROPRIATE HOSPITAL.



PARENT/GUARDIAN SIGNATURE

DATE

Last Name: _____ First Name: _____ DOB: _____ Teacher: _____

MEDICATION POLICY

DEADLINE TO DELIVER MEDICATIONS: October 31, 2018

There are no stock medications (such as Tylenol, etc.) at Live Oak Adventure. Send only the amount of medication required, if possible. Leftover medication will be discarded if not picked up at dismissal. All medication must be provided in the original container with the medication dosing instructions on the label. Prescription medications must have a pharmacy label stating the student's name, the medication name and dosing instructions. Expired medications cannot be administered. Medications will be administered only at designated times. **Do not send medication with your student to school or to Live Oak Adventure. Students in grades K-8 are not permitted to carry or self-administer medication.** *Exception: students may obtain written authorization from their physician and parents to self-carry and/or self-administer medication for asthma, anaphylaxis and diabetes.

Please check one box and sign below:

- ☐ I HAVE READ THE POLICY AND PROVIDED THE FOLLOWING MEDICATION. I REQUEST AND AUTHORIZE E.I.S.D. PERSONNEL AT HIGHLAND LAKES ENCAMPMENT TO ADMINISTER IT TO MY CHILD ACCORDING TO MY INSTRUCTIONS. I AGREE THAT THE NURSE OR SCHOOL STAFF WILL NOT BE HELD RESPONSIBLE FOR ANY ILL EFFECTS THAT OCCUR IN CONNECTION WITH THE MEDICATION.
- ☐ I HAVE READ THE POLICY AND DO NOT ANTICIPATE THE NEED FOR MEDICATION.



PARENT/GUARDIAN SIGNATURE

DATE

MEDICATION: _____ DOSE: _____ GIVE THIS AMOUNT: _____

- ☐ AS NEEDED EVERY _____ HOURS FOR _____
- ☐ DAILY AS FOLLOWS:
- | | | | |
|-------|-----------------------------|--------------|---------------|
| DAY 1 | Lunch _____ | Dinner _____ | Bedtime _____ |
| DAY 2 | Breakfast _____ Lunch _____ | Dinner _____ | Bedtime _____ |
| DAY 3 | Breakfast _____ | | |

MEDICATION: _____ DOSE: _____ GIVE THIS AMOUNT: _____

- ☐ AS NEEDED EVERY _____ HOURS FOR _____
- ☐ DAILY AS FOLLOWS:
- | | | | |
|-------|-----------------------------|--------------|---------------|
| DAY 1 | Lunch _____ | Dinner _____ | Bedtime _____ |
| DAY 2 | Breakfast _____ Lunch _____ | Dinner _____ | Bedtime _____ |
| DAY 3 | Breakfast _____ | | |

MEDICATION: _____ DOSE: _____ GIVE THIS AMOUNT: _____

- ☐ AS NEEDED EVERY _____ HOURS FOR _____
- ☐ DAILY AS FOLLOWS:
- | | | | |
|-------|-----------------------------|--------------|---------------|
| DAY 1 | Lunch _____ | Dinner _____ | Bedtime _____ |
| DAY 2 | Breakfast _____ Lunch _____ | Dinner _____ | Bedtime _____ |
| DAY 3 | Breakfast _____ | | |