

BridgeMont

Camp & Outdoor Center

2020 Camper Application

Office use only:
 Camper Fee _____
 Registration Fee _____
 Discounts _____
 Balance Due _____
 Medical/release _____

Camper Name: _____ (Last, First, Middle) ___ M ___ F Date of birth: _____

Home Address: _____ (Street) Home Phone (____) _____
 _____ (City, State, Zip)

Please check the camp event you wish to attend:

Servants Heart: Camp Service Project	Ages 12-Adult	June 7-12	\$325.00
Servants Heart: Camp Service Project	Ages 12-Adult	June 14-19	\$325.00
Challenge 1	Ages 7-11	June 21-26	\$305.00
Adventure 1	Ages 12-14		\$305.00
Servant Leadership Training 1	Ages 15-17		\$295.00
Challenge 2	Ages 7-11	June 28-July 3	\$305.00
Adventure 2	Ages 12-14		\$305.00
Servant Leadership Training 2	Ages 15-17		\$295.00
Servants Heart: Local Outreach	Ages 12-Adult	July 5-10	\$325.00
Clingmans Dome Adventure	Ages 13- Adult	July 12-17	\$400.00
Servants Heart: Community Outreach	Ages 12-Adult	July 26-31	\$325.00

New Friend Discount: \$15 off your fee for each new camper you bring

Family discount: \$ 15 off each additional child.

Father's Name _____ Cell/Business Phone _____

Mother's Name _____ Cell/Business Phone _____

Other Emergency Contact/Info _____

Family fax _____ Family Member Email _____ Camper Email _____

Camper Birthdate _____ Camper Grade on 7/1/2020 _____ Camper's T Shirt Size _____

would like to be in a cabin with _____. *Please request only one person; requests must be made by both parties to be honored.*

Permission and Consent:

By Making Application: I agree to have my child examined by a physician, have immunizations current, and complete a health history before entering camp.

BridgeMont Ministries, Inc., will make every effort to conduct safe programs, to inform families of inherent risks, and provide adequate insurance coverage. We believe that young people seek adventure and that camp provides an ideal environment for exploring new activities in a prescribed and safe manner. However some of those activities may involve risks that young people do not encounter every day. Examples in our camp may include swimming, hiking, archery, and activities in the facilities or on the trail where inclement weather may be involved. Camp participants must assume the unescapable risks associated with such activities. We observe standard precautions to ensure safety is an essential element of the activities we offer. While we are aware that it is not possible to foresee every contingency nor to eliminate all risk, our risk management program includes certain criteria for staff selection, training, and supervision, as well as written safety policies and procedures, reporting and review of accidents, and supervision to ensure safety and well- being of each participant.

I give my permission for my child to participate in the entire camp program including traveling in camp vehicles, and give permission for the camp to secure medical treatment for him/her in the case of sickness or other emergency.

I give my permission to use pictures of my child as a camper in camp brochures, flyers, and both electronic and published promotional literature, without compensation or approval rights.

I approve this application and agree to the terms stated. MY NONREFUNDABLE REGISTRATION FEE OF \$50.00 IS ENCLOSED. I understand that BridgeMont Ministries, Inc. may not be able to accommodate changes in session attendance nor make any tuition refunds after April 15th. I acknowledge that I understand there are risks involved in the activities described and I accept this risk as part of my child's participation.

Signature of Parent or Guardian: _____ Date: _____

Please make all checks payable to "BridgeMont" and mail to: BridgeMont Camp and Outdoor Center/ 3620 Katy Holler Rd/ Sevierville TN 37862.

Camper Health Information:

You are asked to provide the following information in order for the camp leadership to assess any additional risk to your child or others through camp participation, and to assist in securing appropriate medical treatment in an emergency. Failure to provide known information will release BridgeMont and its staff and leadership from responsibility from complications brought on by the medical condition due to participation.

Camper Name: _____ **Date of Birth:** _____
Primary Care Physician: Name/Practice: _____ Address: _____ Phone: _____
Date of Last Physical: _____
Dentist/Orthodontist: Name/Practice: _____ Address: _____ Phone: _____
Dates of Tetanus vaccine series, booster: _____

Allergies (include medications, foods, plants, insects, other known allergies) _____ Reaction (if known) _____
Do you have an Epi Pen or other allergy action plan? ☐ No ☐ Yes (I am enclosing a copy of my allergy action plan)

Medical History: Please check any that apply and provide specifics in the space provided:

☐ Asthma; I am enclosing a copy of my current Asthma Action Plan. _____
☐ Other Lung disorder/ exercise intolerance _____
☐ Heart disease/arrhythmia _____
☐ Anemia, free bleeder, or other blood disorder _____
☐ Diabetes; I am enclosing a copy of my current Diabetes Care Plan. _____
☐ Thyroid or other gland problem _____
☐ Epilepsy _____
☐ Loss of Consciousness _____
☐ Frequent Headaches _____
☐ Gastrointestinal/Digestive problems _____
☐ Immune System Problems/ Cancer _____
☐ Urinary or Kidney disease/ Kidney stones _____
☐ Psychiatric/ Emotional Problems _____
☐ Pregnancy _____
☐ Diagnosis or suspected exposure to Tuberculosis, HIV, Hepatitis Viruses _____
☐ Travel outside the country in the last 90 days _____
☐ Under the care of a physician for any other reason _____

☐ History of any surgical procedures: _____

Medications: (please list Name, Dose, Frequency, and purpose for which is being taken)

Authorization for Medical Treatment

This health history is correct to the best of my knowledge and the person named herein named has permission to engage in all camp activities except as noted. I hereby give my permission to the medical personnel selected by the camp director to order X-rays, routine tests, and treatment, to maintain and/or release any medical records necessary for insurance purposes as outlined by the HIPAA regulations and to provide or arrange necessary transportation for me or my child. In an emergency, I hereby given permission and authorize the physician selected by BridgeMont to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is being given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgement as to the requirements of such diagnosis or surgical treatment. In addition, I authorize camp personnel to administer the medications listed above as directed.

Signature of Parent or Guardian: _____ Date: _____

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental, or medical fees. I further agree that in giving this permission and authorization, BridgeMont does not assume any responsibility or liability for the payment of any such hospital, doctor, ambulance, dental, or medical fees which may be incurred. The complete forms maybe photocopied and maintained by authorized personnel for trips out of the camp.

Signature of Parent or Guardian: _____ Date: _____

I would like my child to be allowed to carry the following emergency medications on his/her person for use as prescribed at all times. (optional)

Signature of Parent or Guardian: _____ Date: _____

Additional Releases and Authorizations:

Camper Name: _____ Date of Birth: _____

Permission for a Minor to Travel:

I give permission for my child _____ to travel to BridgeMont Camp & Outdoor Center on the dates selected above, to participate in the BridgeMont Summer Camp Program, via the mode of transportation I select. I also agree for my child to be transported by camp vehicle to regional attractions as designated by the camp program and director. I am aware of the potential risks of travel and I voluntarily release BridgeMont, the sending church/youth program _____ (if any), and their representatives and employers from any and all liability associated with transportation.

If applicable, I DO NOT give my permission for the following individuals to communicate with my child during camp, or to transport him/her off the premises: _____.

Signature of Parent or Guardian: _____ Date _____

Insurance:

I am responsible for providing my child's health insurance coverage while at camp. I understand that I will be notified as soon as possible of any emergency. I will be responsible for travel expenses should emergency transportation back home be necessary. My child, a covered dependent, has the following health insurance:

Insurance Company: _____

Policy and/or Group Plan: _____

Member ID: _____

Name of the Insured: _____

I AM ENCLOSING/ ATTACHING A COPY OF MY INSURANCE CARD, FRONT AND BACK

Signature of Parent or Guardian (The Insured) : _____ Date _____

Release of Liability:

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT BRIDGEMONT IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE BRIDGEMONT, INCLUDING ITS EMPLOYEES, AGENTS, AND TRUSTEES FOR RESPONSIBILITY FOR ACCIDENTAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR DURING TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE AND ASSIGNS. I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE CAMP PROPERTY WITH PROPER STAFF SUPERVISION.

Signature of Parent or Guardian: _____ Date _____