



Kids Life Kamp (TEBA) & Carolina Creek Christian Camp Participation Agreement & Waiver



Name of Camp Participant _____

_____ I am above the age of 18 and am signing this agreement as the camp participant.

_____, _____, am the parent/legal guardian of the same participant, a minor. I hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my permission to attend the Kids Life Kamp of the Tryon Evergreen Baptist Association, hereafter known as TEBA, at Carolina Creek Christian Camp.

Furthermore, I consent to give my child permission to participate in all activities including, but not limited to, climbing, low rope elements, high rope elements, swimming, boating, diving, blobbing, water-zip, water toys, water park, the pillow, other water activities, kayaking, canoeing, archery and riflery, fishing, volleyball, basketball, zip lining, and all indoor and outdoor events and activities. I understand all activities are optional and that my child or I have voluntarily applied to participate in the events and activities of the Camp. I understand the foregoing activities and all other events, hazards or exposures connected with the Camp and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. **I am aware of the risks and damages inherent with those activities and I knowingly and willingly assume the risk of injury.**

Medical Information

Participant Name: _____ Male Female

Church Name _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Person to notify in case of an emergency: _____

Phone number(s) of emergency contact person: _____

Name of doctor and phone number: _____

General Health Information: Do you currently have any of the following? (Circle Yes or No below)

1. Recent serious injury: Yes No

2. Recent surgery: Yes No

3. Allergies to medications: Yes No

4. Food Allergies: Yes No

5. Asthma: Yes No

If yes to any of the above, please describe:

7. Do you take any medications regularly? Yes No If yes, please list here: _____
(All medications must be in originally labeled containers)

8. If yes, will you have these with you? Yes No

9. Date of last Tetanus Shot: _____

10. Add any other necessary medical information: _____
(Attach separate sheet if needed)

12. I give permission for my camper to receive age appropriate over the counter medication. Yes No

Insurance Information:

1. Medical Insurance Company: _____

2. Plan or Group Number: _____

3. Insured Name: _____

4. Insured I.D. # or Member #: _____

5. Insurance Company Phone Number: _____

6. Insurance Company Address: _____

* You may copy both sides of your insurance card and attach it if it includes all of the above information.

Authorization for Emergency Medical Treatment

I have listed above my or my child's physical conditions or medical problems that may need attention and all medications regularly used by myself or said minor. I understand failure to disclose medical information and/or condition may result in dismissal from Kids Life Kamp (TEBA)/Carolina Creek Christian Camp. In case of the illness of myself or my child, Kids Life Kamp (TEBA)/Carolina Creek Christian Camp will try to notify whoever is listed as the emergency contact person. In the event there arises a medical emergency concerning myself or my child, at a time where the emergency contact cannot be notified, I authorize Kids Life Kamp (TEBA)/Carolina Creek Christian Camp to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care. **I hereby consent and give my permission to the Kids Life Kamp (TEBA)/Carolina Creek Christian Camp staff or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself or my child that may, in their sole discretion, be necessary and proper under the circumstances.**

General Release and Waiver of Liability

I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS KIDS LIFE KAMP (TEBA)/CAROLINA CREEK CHRISTIAN CAMP STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF OR MY CHILD DURING HIS/HER STAY AT CAROLINA CREEK CHRISTIAN CAMP, EVEN IF SUCH INJURIES OR DAMAGES ARE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (BUT NOT GROSS NEGLIGENCE OR RECKLESSNESS) OF KIDS LIFE KAMP/CAROLINA CREEK CHRISTIAN CAMP, ITS OFFICERS, AGENTS, EMPLOYEES OR PARTICIPANTS.

In consideration for being permitted to attend Kids Life Kamp (TEBA)/Carolina Creek Christian Camp and participate in the activities conducted by the Camp, I, on behalf of myself, my child, my legal representatives, heirs and assigns, **do hereby release, waive, and forever discharge Kids Life Kamp (TEBA)/Carolina Creek Christian Camp and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child's participation in the camp activities or any activities in connection with the Kids Life Kamp (TEBA)/Carolina Creek Christian Camp, whether or caused in whole or in part by the negligence (but not gross negligence or recklessness) of Kids Life Kamp (TEBA) /Carolina Creek Christian Camp, its officers, agents, employees or participants.**

Miscellaneous Provisions

I, personally, and on behalf of my child (if child is the camp participant), hereby give Kids Life Kamp (TEBA)/Carolina Creek Christian Camp permission to use my and/or my child's name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Kids Life Kamp (TEBA)/Carolina Creek Christian Camp is authorized to provide or obtain medical care for me or the child, as it deems appropriate, and to exchange medical information with third party care givers.

To the extent a claim asserted against a Released Party by a camper or other visitor or Parent shall be brought exclusively in Walker County, Texas, and the laws applicable thereto shall be those of the State of Texas, not including those laws which may apply the laws of another jurisdiction.

This Agreement may be amended only by a written instrument, signed by the parties hereto.

This Agreement is intended to be binding upon my, and the child's, heirs, estates, executors, guardians, administrators, legal representatives and assigns.

X _____ Date: X _____

Adult Participant or Parent/Guardian Signature

Printed Name and Address of Signatory:

**Authorization for Emergency Medical Treatment
General Release and Waiver of Liability
Miscellaneous Provisions**

STUDENT OR SPONSOR T-SHIRT SIZE

___ YM ___ AS

___ YL ___ AM

___ AL

___ AXL

___ A2XL

___ A3XL





Medication Administration Record

- ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH PHYSICIAN'S INSTRUCTIONS. OTC MEDS MUST BE IN ORIGINAL MANUFACTURER PACKAGING. MEDS IN UNMARKED PACKAGING WILL NOT BE ADMINISTERED.
- Meds will not be given to minors without a sponsor present. Meds will be given to sponsors to dispense.
- Please place medication bottles in a Ziploc bag clearly labeled with child's first and last name.
- Primary dispensing times for medications will be at each meal unless otherwise noted by a physician.
- Medication must be turned in to medical personnel upon arrival at camp for security purposes. **NO** medications (prescribed or OTC) or vitamins are allowed to be kept in the cabins.
- Please circle at which meal your child takes his/her medication.
- **Fill out shaded column only**; daily columns are for the medical personnel use only.

Camper Name: _____ DOB: _____ M/F: _____

Parent/Guardian Name: _____ Phone Number: _____

Medical Allergies: _____

Parent/Guardian Signature: _____

Medication Name and Times Taken	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time							
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bed Time							
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Carolina Creek Expectations

(Please initial each item and sign at the bottom)

_____ **1) Food** - Carolina Creek does not allow any food (gum, candy, or drinks) in any lodge, cabin or outside of the Dining Hall. Snacks can be purchased in our Camp Store or organizations can choose to purchase a snack for the entire group for an additional charge. If organization chooses to bring their own snacks for their group, prior communication with Guest Services or Summer Camp Coordinator is required.

_____ **2) Vehicles** - All vehicles must remain in the assigned parking lot. Other than entrance and exit, use of private vehicles on Carolina Creek property is prohibited. This is to respect other groups, provide safety for our guests, and provide a clear path for all emergency vehicles.

_____ **3) Golf Carts** – Carolina Creek does not rent golf carts. Please keep golf carts on pavement, sidewalks, or gravel paths. TEBA does not allow non-staff to operate golf carts during Kids Life Kamp. The only expectation to this would be senior pastors who opt to stay with their church during the duration of the camp; however, this exception would require prior approval from TEBA before proceeding.

_____ **4) Bicycles & Scooters** – Guest who bring a personal mode of transportation (bicycles, scooters, skateboards, etc....) must wear a helmet at all times and must not park them in parking lots, sidewalks, or building entrances.

_____ **5) Clothing** – Carolina Creek allows sturdy sandals with a secure heel strap to walk around camp; i.e....chacos, tivas, keens. However, Carolina Creek does require guests to wear close-toed shoes at our adventure activities; includes but is not limited to: Zip Line, Power Pole, Climbing Wall, and Archery. At water activities, ladies must wear a 1 piece bathing suit or wear a dark t-shirt over a 2-piece suit, and men may not wear speedos.

_____ **6) Insurance** - All individuals attending Carolina Creek must be covered by health and accident insurance, or if uninsured, must print "SELF-PAY" and sign the medical information section on the waiver. The camp does not provide insurance and it is up to group or organization to provide us with a certificate of insurance for the group.

_____ **7) Emergencies** - Injuries and accidents must be reported to the Carolina Creek Camp Staff. Make certain you have identified any persons on medication, with medical conditions, and allergies to medicine or insects. Each Group should **bring one person with current CPR & First Aid training** to dispense medications and provide for the medical needs of the group. **Carolina Creek has no medical staff on duty. KLK Provided Medical Staff.**

_____ **8) Adult Leaders** - Although Carolina Creek does provide program staff for various activities, each organization using the camp facility must provide their own adult leaders with a ratio of two adults (of at least 18 years of age and not including high school students) per lodging room. The adult leaders are responsible for the supervision and behavior management of all participants for the entire event.

_____ **9) Waterfronts, Pools, and Ropes Courses** - There are to be no activities at the waterfronts, pools, or ropes courses unless certified Carolina Creek staff personnel are present.

_____ **10) Noise Control** - We have neighbors. They will call local law enforcement if your group is loud before 8:30am or after 9:30pm. If law enforcement arrives, the staff of Carolina Creek has no control over their decisions. Therefore, we do everything possible to keep them from coming to interrupt your program. Carolina Creek staff has the authority at any time to control the noise if necessary.

_____ **11) Sleeping Areas** - Boys and girls are not allowed in each other's cabins or individual sleeping rooms/areas. Two adults (of at least 18 year of age and not including high school students) required per lodging area. Cabin-raids are not permitted as this behavior usually results in property damage or personal injury. Campers may not be in a cabin living area without their supervising adult.

_____ **12) Linens and Personal Items** - All groups must provide their own linens, pillows, and toiletries. The Adult Guest Lodge provides linens and bath towels.

_____ **13) Security and Loss of Belongings** - Carolina Creek is not responsible for belongings, equipment, displays, supplies, written materials, or any other items left unattended. You are responsible for securing and safeguarding your equipment and belongings at all times.

_____ **14) Alcohol/Smoking/Illegal Drugs/Pets** - The use of alcohol, tobacco, and illegal drugs by individuals or groups is strictly prohibited on all Carolina Creek property. Guests/participants are not allowed to bring pets with them to Carolina Creek.

_____ **15) Grounds, Campfires, Fireplaces & Fireworks** - Grounds must be kept free from litter and damage. Campfires may be built only in approved fire ring by Carolina Creek staff. Only Carolina Creek personnel are authorized to start fires in the indoor fireplaces. You have to bring your own synthetic or artificial wood fire logs for the indoor fireplaces at Lakeview. Please do not ever leave indoor or outdoor fires unattended. Fireworks are strictly prohibited at Carolina Creek.

_____ **16) Damage** - Immediately report any damages to buildings, property or equipment. Carolina Creek property, equipment, and facilities are inspected after each guest stay. Damages and losses are billed accordingly. Your group assumes full responsibility for returning Carolina Creek property to its original condition.

_____ **17) Cleaning** - Cabins are to be left in a reasonably clean condition. Specifically, floors should be swept, trash emptied, and counters/sinks wiped clean. Brooms and cleaning supplies are stored in each cabin. Please advise camp Staff if you cannot locate these items. If there is a need for extensive cleaning; i.e....carpets, your group will be charges accordingly.

Name

Group

Signed

Dated



KLK Packing List

What TO Bring

- A Fantastic Attitude
- Swim Suit (Girls – One Piece; Guys – Swim Shorts, No Speedos)
- Water shoes (**closed-toed shoes that can be worn in the water**)
- A Pair of sturdy athletic shoes**
- Shorts for 3 days + extra
- T-Shirts for 3 days + extra
- Socks for 3 days + extra
- Sleepwear
- 1 Beach Towel
- 1 Bath Towel
- 1 Wash Cloth
- A Pair of Jeans
- A light/water-resistant Sweat Shirt/Jacket
- Sleeping bag or twin-size sheets, blanket, and pillow
- Toiletries (SOAP, Toothpaste & Brush, Shampoo, DEODORANT)
- Sunscreen
- 1 Flashlight
- 1 Bible
- 1 Notebook and Pen
- Insect Repellent
- Camera (Optional)

**Campers and sponsors must wear shoes at all activities so please bring a pair of comfortable shoes and another pair of shoes that may be worn in the water. (Shoes are not required inside of the pool area, but must be worn to and from the pool)

What NOT TO Bring

- iPod's, Mp3 Players, Electronic/Video Games, Laptops, Cell Phones
- Candy, Gum, Food of any kind (We will sell sweets and snacks at designated times)
- No Food or Drinks allowed in Cabins
- Knives
- Guns
- Fireworks
- Grumbling, griping or sour attitudes
- Anything else that could get you in trouble!

Activity Authorization & Medical/Liability Release
First Baptist Church, Conroe

I, _____ (Parent's Name) give permission for
_____ (child's name) to participate in **Kids Life**
Kamp at Carolina Creek Christian Camp in Huntsville, TX with First Baptist Church, Conroe, to
be held **July 21-24, 2019**. I understand that my child may travel on the church buses with
adult chaperones.

Allergies: _____

Medical Information (heart trouble? Drug reactions? Etc?) _____

Emergency Contacts:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I agree to release and hold harmless First Baptist Church, Conroe, it's officers, directors, staff, employees, volunteers, or members, from any liability, claim or demand, of any nature, which may be incurred while participating in the above-referenced activity or during such time period. I hereby authorize any medical treatment, including, but not limited to, emergency surgery or medical treatment, and I hereby agree to assume all responsibility for any medical treatment expenses, if any.

Print name of participant

Print Father name or legal guardian name

Medical Insurance Company

Print Mother name or legal guardian name

Policy Number/ Group Number

Custodial Parent/ Guardian Address

Parent/Guardian Contact Number

I/we have read and understand the above and foregoing rules of conduct for participants and the release of liability/medical release form, and agree that I/the participant must abide by same and the directions of the leadership during the activities this act covers. I/we hereby agree to said release of liability/indemnity agreements contained herein.

Signature of Participant or Parent/Legal Guardian