Registration Form

Longview Camp 1976 Genesee Road Arcade, NY 14009 585.689.4520

Camper Information

Name _____
First Last

Birthdate ____/____/_____ ☐ Male ☐ Female

Grade _____ Next Sept.

Spouse _____

Mailing Address _____

_____
City State Zip

E-mail _____

Phone: Home (_____) _____

Cell (_____) _____

Home Church/City _____

Participation, Release, and Medical Agreement

While we make every effort to provide a safe and pleasant environment for every camper who attends Longview, we do require that this participation agreement be read, filled out, signed, and dated by all campers (or their parent/guardian if under the age of 18) who wish to participate in activities at Longview.

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself, my spouse, or my child while participating in Longview activities. I give permission for my child to participate in activities that occur at Longview. These activities may include, but are not limited to, laser tag, boating, high ropes course, archery, riflery, and strenuous competition games.

Although Longview has taken reasonable steps to provide equipment and skilled employees so yourself, your spouse, or your child can participate in activities for which he/she may not be skilled in, we do remind you that these activities are not without risk. Certain risks cannot be eliminated due to our camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Longview reserves the right to use any audio, video, and/or photography of guests or campers participating at Longview facilities.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Longview, its officers, board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Longview. This release does not apply to intentional and/ or willful acts of misconduct by Longview or any of its officers, board, agents, or employees.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Longview on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it and agree to be bound to its terms.

Parent/Guardian Information

For Campers Under Age 18

Name _____

Relationship _____

E-mail _____

Emergency Phone Contacts

Day (_____) _____

Night (_____) _____

Medical Information

Health or Behavioral Conditions: _____

_____

Drug Allergies or Other Allergic Reactions: _____

_____

Dietary Needs/Restrictions: _____

_____

Medication Taken Regularly: _____

_____

Activity Restrictions: _____

I give permission for myself or my child to attend camp at Longview. I understand that my personal insurance will provide primary coverage for medical aid and that Longview will provide excess coverage. I also understand that if myself or my child must be sent home because of disciplinary or other problems, I will assume the additional transportation cost. IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the camp director or his agent to hospitalize, secure proper treatment for, and order injection, x-ray, anesthesia, or surgery for myself or my child as named previously.

Myself or my child is immunized against the following according to H.E.W. standards: Polio, Measles, Mumps, Rubella, Diphtheria, Tetanus, and Whooping Cough. (Please notify the camp if this child has been exposed to any communicable disease during the two weeks prior to camp attendance.)

☐ *Myself or my child is not immunized.*

Date of Last Tetanus Shot _____

Insurance Co _____

Policy Number _____

☐*Myself or my child is not covered by insurance*

Adult Signature _____ **Date** _____

Parent/Guardian signature required for those under age 18