



Camp Leatherwood

Registration 2024

June 9-14

Deadline to Sign up is May 19

The cost is \$150 per camper -- \$125 if you have multiple campers or are camp staff.

Any questions please contact William Welch at (615) 806-9578. Please mail your application with check made out to White Bluff Church of Christ to: Brant Sweat, White Bluff Church of Christ, PO Box 155, White Bluff, TN 37187

1. Name _____
2. Address _____
3. City _____ State _____ Zip _____
4. Email _____
5. Phone Number _____
6. Current Age at the time of camp _____ Grade attending this fall _____
7. Gender Male _____ Female _____
8. Shirt Size: (mark only one)
Youth small _____ Youth Medium _____ Youth Large _____ Youth XL _____
Adult small _____ Adult Medium _____ Adult Large _____ Adult XL _____
Other size _____

CAMP EXPECTATIONS:

1. Follow the directions of camp directors and staff.
2. All Electronic devices must remain in the cabin at all times.
3. All Medications must be given to the Camp Nurse at the beginning of camp.
4. Be respectful to others.

CAMP DRESS CODE:

1. All clothing is expected to be modest and appropriate
2. No Tank Tops or Camisoles
3. No leggings or Compression Shorts
4. No inappropriate words or images on any clothing
5. All shorts must be no shorter than a credit card length from the knee
6. Camp directors and counselors have the right to ask any camper to change any clothing if they deem it necessary.
7. Swim cover-ups and shoes must be worn to and from the pool.

I have read the rules and dress code and will agree to abide by it.

Parent Signature

White Bluff Church of Christ
Effective January 1 – December 31, 2024

MEDICAL INFORMATION / PARENTAL CONSENT
LIABILITY RELEASE

MEDICAL INFORMATION

PARTICIPANT'S NAME _____ AGE _____ BIRTH DATE _____
ADDRESS _____ CITY/ZIP _____
HOME PHONE _____ CELL PHONE _____
PARENT(S)/GUARDIAN NAME(S) _____ / _____
PHONE(S): CELL PHONE(S) _____ / _____
WORK PHONE(S) _____ / _____
INSURANCE COMPANY _____ POLICY/GROUP NUMBER _____

ALTERNATE CONTACT IN THE EVENT OF AN EMERGENCY

NAME _____ PHONE: _____
FAMILY PHYSICIAN _____ PHONE: _____

PLEASE LIST ANY SPECIAL MEDICAL CONDITIONS

ALLERGIES _____ MEDICAL DISORDERS _____
BLOOD TYPE (IF KNOWN) _____ OTHER _____
MEDICATIONS _____

(All prescription medications MUST be in the original container labeled by the pharmacy.)

PARENTAL CONSENT: By signing below, the undersigned hereby grants permission for the above named "Participant" to: (a) attend and participate in any and all youth ministry activities of the White Bluff Church of Christ; and (b) to attend and participate in any and all other events hosted, supported, organized, and/or sponsored by the White Bluff Church of Christ. By signing below, the undersigned further agrees to the following terms and provisions.

MEDICAL TREATMENT PERMISSION: The undersigned authorize an adult, in whose care the participant has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the participant under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned participant pursuant to this authorization.

TRANSPORTATION/FOOD/LODGING: The undersigned does also hereby give permission for the participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored the White Bluff Church of Christ. The participant and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation. Authorization and permission are hereby given to WBYG to furnish any necessary transportation (within the limitations of the White Bluff Church of Christ's insurance and applicable law), food and/or lodging to or for the benefit of the participant.

PHOTO RELEASE: The undersigned **does grant permission** to use photographs and/or videos of the participant in publications, videos, slide shows, or web designs for the White Bluff Church of Christ.

CONDUCT OF THE PARTICIPANT: Participant agrees to conduct himself/herself in a way that is becoming of a Christian and in the manner directed by the White Bluff Church of Christ's ministers and approved adult chaperones. Every participating youth and adult must show respect for each leader, chaperone, parent, and other youth. Any and all behavior problems are subject to immediate disciplinary action.

EARLY RETURN HOME POLICY: Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility. If misconduct occurs, White Bluff's ministers and adult chaperones have the express right, upon notice to the undersigned, to send the participant home by commercial transportation at the undersigned's expense or by transportation arranged by the undersigned.

LIABILITY RELEASE:

In consideration of the White Bluff Church of Christ allowing the participant to participate in youth ministry and other congregational activities, the undersigned hereby fully and finally releases, discharges, and agrees to hold harmless the White Bluff Church of Christ, and its elders, deacons, employees, volunteers, and agents (collectively herein the "Church") of and from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or participant while involved in such activities.

The undersigned, individually and on behalf of participant, and participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities hosted, supported, organized, and/or sponsored by the White Bluff Church of Christ. The undersigned further agrees to hold harmless and indemnify the Church for any liability or expense incurred by the Church as the result of the negligent, willful or intentional acts of participant, including any and all expenses incurred attendant thereto.

PARTICIPANT AND PARENT/GUARDIAN SIGNATURE:

Signature of Participant

Date

Signature of Parent or Legal Guardian

Date



Camp Leatherwood, Inc. Activity Participation Agreement

ACTIVITY INFORMATION (TO BE COMPLETED BY THE ACTIVITY SPONSOR)

Name of sponsoring organization: _____

Address: _____ Phone: _____

Name of sponsor contact: _____ Phone: _____

Description of activity: _____

Date(s) of activity: _____

PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Each participant must complete a Participation Agreement.

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Phone: _____

Name of emergency contact: _____

Phone (daytime): _____ Phone (evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes _____ No _____

Is participant covered by personal/family medical insurance? Yes _____ No _____

If yes, name of insurer: _____

Policy or group number: _____

PARTICIPATION AGREEMENT

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor) and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal

financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

COVID-19 Provisions

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 7 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 7 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 7 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30 days.
- I understand Camp Leatherwood LLC cannot be held liable for any exposure to the COVID-19 virus and any other infectious diseases caused by misinformation on this form or the health history provided by any participant or staff member.

Signature of Parent/Guardian _____	Date: _____
Phone: _____	
Signature of Participant: _____	Date: _____