

Dare To Run 2011
Camper Forms Packet

The attached forms **MUST** be filled out for every person attending camp (sponsors and campers). In addition, these forms must be filled out for any person visiting the camp including only one day visitors.

The number of forms and the amount of information requested has increased this year due to changes in Texas Youth Camp regulations, State of Texas regulations, and insurance requirements. We do our best to limit the number of forms that must be filled out, but most of these requirements are not under of Dare To Run's control. We realize there is duplicate information on some of the forms. Some of the forms are filed with Dare To Run and other forms are filed with Trinity Pines Conference Center.

The following is a listing of the required forms and a brief description of each form:

1. Dare To Run Registration and Release Form – This form gives us basic information about the camper / participant, emergency contact information, and a release. We have removed the medical information and insurance information required in previous years because it is now included on Trinity Pines forms.
2. Trinity Pines Registration and Release Form – Provides basic information and a release for Trinity Pines. All information on the form is required.
3. Medical Release Form – This form provides important information to the Trinity Pines health care staff. In the event of an emergency, this form is copied and sent to the hospital along with copies of the insurance cards. **PLEASE INCLUDE A COPY OF FRONT AND BACK OF INSURANCE CARDS.**

NOTE: NEW FOR THIS YEAR.... The Medical Release Form includes a section for authorization to treat with OTC medications. You must Initial the blanks, check all medicines that your child is authorized to take, include a guardian name and child's name (if applicable) and sign and date the form.

4. Medical Administration Authorization – This form is required **ONLY** if there are any prescription medications that are to be administered while at camp. This form must be filled out and a entry made for EACH prescription to be administered at camp. The form should be placed in the zip lock bag or other container that holds the prescriptions to be turned in at registration. **PLEASE DO NOT FILL OUT THIS FORM AND SUBMIT WITH OTHER PAPERWORK**, it will be turned in at camp with the prescriptions.

Dare To Run Camp Individual Registration, Release, and Camp Guidelines

Arrival: _____ Departure: _____ Attended Dare2Run Camp Before?

Camper Information

Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ State: _____ Zip: _____
 Male Female DOB _____ Church Name: _____

Parent/Guardian Information (for ages 17 & under)

Last Name: _____ First Name: _____ Phone: _____
Last Name: _____ First Name: _____ Phone: _____

Emergency Contact (if parent/guardian not available)

Last Name: _____ First Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Consent to Treat and Release of Liability - Must be completed for attendance in camp

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give my permission to the medical personnel selected by the camp Director to order x-rays, routine tests, treatment and necessary transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby permission to the physician selected by camp personnel to secure and administer treatment, including hospitalization, for my child as named above. I grant permission to Trinity Pines nurse, or another medical facility to administer any necessary first aid and/or any medical treatment needed in case of an emergency. The complete forms may be photocopied for trips out of camp.

I hereby release Dare To Run Ministries, its officers, volunteers, and all camp workers ("Releasees") from all liability, personal and/or property. I further release, indemnify and hold harmless the Releasees from and against any and all claims, liabilities, suits, causes, actions, or damages which may arise from my child's / guardian's stay at Dare To Run Camp.

Parent /Guardian Signature _____ Date _____

Dare To Run Camp Guidelines Review - Must be signed by each camper and parent

- 1. Campers are not allowed off camp grounds.** No student in any group is permitted to leave the camp grounds while attending Dare To Run Camp. Campers are not allowed to go to any surrounding restaurant, store, movie, etc. unless accompanied by their YOUTH PASTOR; however, this is not encouraged.
- 2. Campers who are ill or injured must be either in the Nurses station, medical clinic or hospital.** In the event of illness or injury, students will not be permitted to remain in their dorm rooms. Students who are ill or injured will be required to rest in the nurse's station or seek medical assistance until they are able to return to the regularly scheduled activity.
- 3. All medications must be checked in at the nurses station for the entire week.** All medications each student uses or brings with them to Dare To Run Camp are to be listed on their registration forms and checked by the nurse. All prescription medicines must be in the original bottle or container with clearly identified contents, campers name, and clearly identifiable dispensing instructions. Campers must not share any medication, including aspirin, other pain relievers, or any other over-the-counter or prescriptive medication, with any other camper.
- 4. Bibles will be brought to all worship services.** Do not leave your Bible in a chair in the worship center.
- 5. Campers must dress appropriately. All clothing should reflect modesty and discretion.** Casual clothing is acceptable during all activities and worship services, with the understanding that: 1. Shorts and skorts must be either **Fingertip length** (Length of arm to fingertip must match length of shorts/skorts) or a 3-inch inseam from crotch. 2. No sheer clothing, mid-drifts, no bellies, or low-cut dress necklines, deep armholes in dresses or shirts, etc. 3. The length of dresses must exceed the previous "fingertip rule" by 2 inches. 4. The straps on all shirts and/or dresses must be **at least three fingers in width**. 5. No underwear will be on display at any time (boys or girls). If you can't keep your pants up, then wear a belt!! 6. **Only one piece swimsuits** are allowed. *Covering must be worn (guys and girls) to and from dorm when wearing swimwear.*
- 6. Drugs, alcohol, any forms of tobacco, firearms, knives, or fireworks are not allowed. Also do not bring IPODS, MP3 players or electronics of any kind.** This includes clock radios, CD players, televisions, video games or any type of electronic games or equipment, pagers, cellular phones, or computers. Also, no books, or magazines, water guns or water balloons, OR shaving cream wars. 2-way radios are ONLY allowed by adults and leadership staff. Note: All personal possessions are subject to search by DTR Staff.
- 7. Profanity will not be tolerated at anytime.** Any campers engaging in profanity will be dealt with by your Youth Pastor & Bro. Stan. (Punishment will be at their discretion.)
- Horseplay is not allowed in dorms.
- 9. The only PDA (public or private display of affection) is holding hands. PERIOD!!All campers are to stay within lighted areas during night time hours!**
- 10. NO FOOD ALLOWED IN DORM ROOMS AT ANY TIME!!!** Ordering food to be delivered on campus is forbidden. Cabins will be kept clean and in order on a daily basis. Routine inspection will be practiced.
- 11. Under NO circumstances are girls to be in boys' rooms or boys in girls' rooms. NO EXCEPTIONS!**
- 13. Persons or groups responsible for destruction of camp property will be responsible for replacement or repair cost of such property.** If property is damaged, the cost of that damage will be deducted from your church's security deposit.
- 14. All campers will attend all Dare To Run activities.**

I HAVE READ ALL THE DARE TO RUN CAMP GUIDELINES. I UNDERSTAND THEM AND AGREE TO ABIDE BY THEM. I understand that if I fail to use good judgment and common sense in following the guidelines, I will be dismissed from Dare To Run camp and returned home at my own expense.

Parent Signature: _____

Student Signature: _____

MEDICATION ADMINISTRATION AUTHORIZATION

Name: _____ Birth date: ____/____/____ Age: ____ Sex: ____ Male ____ Female

Church Name: _____ Church City & State: _____

As the parent or legal guardian of the above-named child, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to my child.

X _____ (____) _____ (____) _____
Parents/Guardian Signature Date Daytime Phone # Evening Phone #

OR

As an Adult Camper/ Sponsor/Staff, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to me during my stay at Trinity Pines Conference Center.

X _____
Adult Camper / Sponsor/Staff Date

For Prescription Medications only...PLEASE follow these guidelines: In accordance with Texas Department of Health regulations: ALL Medication that is brought to camp must be: **(1) Placed in a secure location not accessible to campers, (2) Prescribed for the camper (not a sibling or parent), (3) In the original container with all labels intact, and (4) Correct current dosage.** Dosage of non-prescription medication may not exceed product recommendation without doctor's written orders. TPCC staff request that you do not send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). These types of medications are provided by TPCC).

Name of Medication: _____
Purpose for medication use (e.g. allergies, asthma, antibiotic) _____
Form of medication: ___ Tablet ___ Pill ___ Capsule ___ Liquid ___ Inhalation ___ Other (specify) _____
Dosage (amount to be given): _____ How often or at what time: _____
Remarks or special instructions: _____

Name of Medication: _____
Purpose for medication use (e.g. allergies, asthma, antibiotic) _____
Form of medication: ___ Tablet ___ Pill ___ Capsule ___ Liquid ___ Inhalation ___ Other (specify) _____
Dosage (amount to be given): _____ How often or at what time: _____
Remarks or special instructions: _____

Name of Medication: _____
Purpose for medication use (e.g. allergies, asthma, antibiotic) _____
Form of medication: ___ Tablet ___ Pill ___ Capsule ___ Liquid ___ Inhalation ___ Other (specify) _____
Dosage (amount to be given): _____ How often or at what time: _____
Remarks or special instructions: _____

If necessary, make additional copies of this blank Medication Form in order to provide requested information for each medication. All Medication Release/Administration Forms and medication(s) to be administered should **be given to** the church Contact Person prior to arriving at TPCC. When the church group arrives at camp, the Contact Person will be responsible for bringing all medications and forms to the TPCC Office. The Forms will be reviewed by our Medical Staff to clear up any possible questions about medications or their administration. To make it easier for the church Contact Person, **the parent/or student should put their medications and signed Medication Administration Authorization forms in a zip-lock type plastic bag with the student's name and church written with a marker on the outside of the bag.** Parents should emphasize to their child(ren) the responsibility of reporting to the camp Health Center for their medications while at camp.