

# AFCC CAMPER REGISTRATION FORM

Camper's Name \_\_\_\_\_ Gender: M F

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Sponsor or Student Grade Completed (if student): \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_

T-Shirt Size: YM YL YXL AS AM AL AXL A2X A3X A4X

## Emergency Contact Information

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## Alternate Emergency Contact

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Is camper current on all immunizations? Yes No

List relevant medical history/conditions that would help us meet the camper's needs:

Known allergies \_\_\_\_\_

Current medications \_\_\_\_\_

Complete contact information below if presently under a doctor's care

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Any special instructions \_\_\_\_\_

## AUTHORIZATION

I have read and understand the camp rules. I agree that my child (or I) will abide by them while at any AFCC Cowboy Camp. If my child (or I) does (do) not abide by these rules, I understand that he/she/I could be sent home at my expense at the discretion of the camp director and camp administration. I also consent and give permission for the use of photographs/videos of my child (or myself) taken while at camp to be used in the promotion of AFCC Cowboy Camps.

Parent/Guardian: I hereby give my consent for the above-named camper to take part in activities including arena clinics, ropes challenge course, rifle range, archery and other activities occurring within the camp program. If in the event of an emergency I cannot be reached, I hereby give my consent for camp administration or church leadership to sign for emergency medical care should it be necessary. I understand that every effort will be made to provide the safest environment possible at camp, but that accidents can and do occur. I agree not to hold liable AFCC, the camp staff, or the camp facility in the case of an unforeseen event.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## AFCC RELEASE OF LIABILITY FORM

I, \_\_\_\_\_, understand that Cowboy Camp, in which I plan to participate OR allow \_\_\_\_\_, a minor in my care to participate, involves certain risks and that regardless of the precautions taken by the American Fellowship of Cowboy Churches (AFCC), the camp facility and volunteers helping with Cowboy Camp, some bodily injuries may occur. Specific risks/hazards involved in Cowboy Camp include but are not limited to the following: (1) auto accidents while traveling to and from camp activities or traveling on the camp premises; (2) dehydration; (3) physical injury sustained while participating in camp activities, many of which include livestock; and (4) medical problems such as illness, allergies, etc.

1. In consideration for receiving permission to participate in Cowboy Camp, which is sponsored by AFCC, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, Cowboy Camp, AFCC, the camp facility, and all associated officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) from ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH, that may be sustained by me while participating in such activity, or while on the premises that is owned, leased, or controlled by RELEASEES, including travel to and from Cowboy Camp activities, and even injuries sustained as a result of the negligence of RELEASEES. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of the RELEASEES. I understand that AFCC and the camp facility are separate legal entities.

2. I am fully aware that there are inherent risks involved with Cowboy Camp and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I acknowledge there may be physically strenuous activities, many of which may include livestock. I know of no medical reason why I should not participate. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained by me as a result of participating in said activity including injuries sustained as a result of the negligence of RELEASEES. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees, which may occur as a result of my participation in said activity including injuries sustained as a result of the negligence of RELEASEES. I understand this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly negligent conduct.

3. All Parties to this Agreement are Christians and believe that the Bible commands us to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-17 and 1 Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this Agreement shall be settled by Biblically based mediation, and if necessary, legally binding arbitration. The Mediator and/or Arbitrator shall be compensated based on the amount of time spent on the case at his regularly hourly rates plus reimbursable out of pocket expenses. The Parties agree to share the cost of mediation or arbitration equally. Judgment upon an arbitration award decision may be entered in any court otherwise having jurisdiction. I understand that these methods shall be the sole remedy for any controversy or claim arising out of this Agreement and expressly waive my right to file a lawsuit in any civil court against RELEASEES for such disputes, except to enforce an arbitration decision.

4. I understand that RELEASEES may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

5. It is my express intent that this Release shall bind the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, and shall be governed by the laws of the state in which Cowboy Camp is hosted.

6. I understand RELEASEES cannot be expected to control all of the risks articulated in this form, but RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be solely my responsibility. I agree to indemnify and hold harmless RELEASEES for any costs incurred to treat me, even if a RELEASEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation.

7. In signing this Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement.

**By my signature, I verify that I have read and understand every provision of this agreement.**

Name of Camper \_\_\_\_\_

Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

**If the participant is younger than 18 then his/her parent or legal guardian must sign where indicated below.**

I am the Parent or Guardian of the aforementioned minor camper, and I verify by this signature the legal right to sign on behalf of the minor.

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date of Signature \_\_\_\_\_

**Walk on Water  
Agreement to Participation  
Assumption of Risk and Release of Liability  
PLEASE READ BEFORE SIGNING**

The undersigned acknowledges that during the session that the applicant has requested to participate in, Certain risks and danger may occur. The undersigned recognizes that such risks and danger may include Loss or damage to personal property, physical or psychological damage and/or injury, not excluding fatality due to accident. I certify that I am completely healthy (both physically and emotionally) and capable of participating in this session. I have listed on the medical information form medical conditions That WALK ON WATER Inc. should be aware of which may hinder my participation in the session. However, I understand that it is solely my responsibility to determine whether there is any medical reason That I should not participate in the session and to obtain approval for any and all activities from the appropriate Health-care providers. The health history is correct as far as I know, and the person herein described has permission To engage in all prescribed camp activities except as noted. I hereby authorize the medical personnel selected by The camp director and/or church leader to order x-rays, routine tests, treatment, and necessary transportation for Me/my child as deemed necessary. I, individually and on behalf of the minor and all other family members, Executors or administrators, do hereby release, forever discharge, and agree to hold blameless WALK ON WATER Inc. and its counselors, staff, employees, agents, and lessors from any and all liability, claims, INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OF WALK ON WATER Inc. STAFF, DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, or demands for personal injury, sickness, or death, as well as property Damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant While said person is participating at WALK ON WATER. In consideration of, and as part payment for, the Right to participate in such a program and the services arranged for me by WALK ON WATER Inc. its staff, Directors, counselors, employees, agents and lessors, from any and all liability, actions, causes of action, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF WALK ON WATER INC DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, debts, claims, and demands of every kind and nature Whatsoever, whether for bodily injury, property damage or loss otherwise, which I now have or which may arise From or in connection with my program or participation in any other activities arranged for me by WALK ON WATER Inc. its staff, directors, counselors, employees, agents, and lessors, for all members of my family, Including any minors accompanying me. I SPECIFICALLY AGREE THAT MY AGREEMENT TO INDEMNIFY AND HOLD HARMLESS WALK ON WATER INC. ITS STAFF, DIRECTORS, COUNSELORS, EMPLOYEES, AGENTS and LESSORS, INCLUDES ALL LITIGATION COSTS AND ATTORNEY FEES FOR ANY LITIGATION BROUGHT ON BY MYSELF, ON BEHALF OF THE MINOR, IF APPLICABLE, OR ANY OTHER FAMILY MEMBER. I grant permission to WALK ON WATER to use photographs and any video taken by WALK ON WATER for use on web sites or other electronic form or media, without notifying me. I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I hereby agree to release and hold harmless WALK ON WATER, via electronic or media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. I also state that I am not under, and will not be under the influence of any Chemical substance including alcohol. I fully understand that my physical activity involves risks of injury. I also understand that my participation in this WALK ON WATER Inc. program is entirely VOLUNTARY. I enter into this session and take full responsibility for my decision to participate or not to participate and agree To follow all safety instructions.

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Name of Participant (please print)

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Signature of Participant  
(If under 18, parent or guardian must sign)

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Date

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Name of Church Group

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Age of Camper

## FOOD ALLERGY & SPECIAL DIET NEEDS

Please Use Separate Page for Each Person

Email completed form to [connie@americanfcc.org](mailto:connie@americanfcc.org) two weeks before camp

Camp: AL Preteen / AL Teen / OK Preteen / OK Teen 1 / OK Teen 2 / TX Preteen / TX Teen

Camper Name \_\_\_\_\_ Age: \_\_\_\_\_

Church \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Adult Sponsor \_\_\_\_\_ Phone \_\_\_\_\_

List FOOD allergies or explain special dietary needs

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Is camper aware of his/her allergies? \_\_\_\_\_

Is camper able to monitor his/her own food requirements? \_\_\_\_\_

Is child bringing some of his/her own food? \_\_\_\_\_ if so please list below:

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# MEDICATION FORM

For the safety of each camper, all medication (prescription or non-prescription drugs) will be held at the camp nurse's station and administered by camp-approved, certified medical personnel who are on duty 24 hours a day.

If you need to send medication to camp, please place it and a copy of the completed form below in a zip-lock bag. Please DO NOT send any medication that is not absolutely necessary.

EACH MEDICATION MUST BE IN ITS ORIGINAL CONTAINER FROM THE PHARMACY. NO BLANK PILL BOTTLES OR DAILY MEDICATION BOXES ARE ALLOWED. BE SURE TO MAKE THE FORM VISIBLE IN THE BAG.

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PLACE THIS FORM IN THE ZIP-LOCK BAG  
ALONG WITH THE MEDICINE

THIS MEDICINE BELONGS TO \_\_\_\_\_

CAMPER'S CHURCH \_\_\_\_\_

ADULT SPONSOR \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICINE \_\_\_\_\_ DOSAGE \_\_\_\_\_  BRKFST  LUNCH  
 SUPPER  BEDTIME

MEDICINE \_\_\_\_\_ DOSAGE \_\_\_\_\_  BRKFST  LUNCH  
 SUPPER  BEDTIME

MEDICINE \_\_\_\_\_ DOSAGE \_\_\_\_\_  BRKFST  LUNCH  
 SUPPER  BEDTIME

MEDICINE \_\_\_\_\_ DOSAGE \_\_\_\_\_  BRKFST  LUNCH  
 SUPPER  BEDTIME

MEDICINE \_\_\_\_\_ DOSAGE \_\_\_\_\_  BRKFST  LUNCH  
 SUPPER  BEDTIME

PARENT'S NAME \_\_\_\_\_

DAY PHONE \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_