

PCCCI Presbyterian Camp and Conference Centers, Inc.
Big Bear Lake Conference Center
Jr./Sr. High Winter Retreat 2011
Registration and Medical Form

Please complete this registration and medical release form and mail it with your payment and a copy of both sides of your medical insurance card to:

Attn: March Madness
PCCCI
P. O. Box 1512
Big Bear Lake, CA 92315

Name: _____ Gender: **M** **F**

Grade: _____ Birth date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Home Church: _____

Has the student been to Big Bear Lake Conference Center before?

Yes **No**

In the event of an emergency, please notify the following:

Name: _____

Phone: _____

Physician: _____

Phone: _____

Please note: We are not equipped to provide special diets.

The above camper is in good health but is allergic to:

- Nothing
- Medicine _____
- Food _____
- Plants _____
- Insects _____
- Other _____

Camper may take Benadryl for allergic reactions: **Yes** **No**

Preferred meds for aches, pains: **ibuprofen** **acetaminophen**

Medicines presently using:

To be taken at (times/day): _____

Restrictions:

Is the camper physically able to participate in all camp activities?

Yes **No**

If the camper is restricted from any camp activity, please note restriction and specific health or physical condition involved:

INSURANCE

Insurance holder's name: _____

Insurance Company: _____

Policy Number: _____

Please Note: The camper's insurance plan is the primary source of coverage for accidents.

PAYMENT OPTIONS:

Check one of the following:

A copy of the camper's insurance card (both sides) and a \$50 nonrefundable deposit is enclosed. (Required for registration to be processed.)

A copy of the camper's insurance card (both sides) and a \$129 check or money order is enclosed. (*\$50 non-refundable deposit included)

Will be coming early for dinner (Cost: \$5.00) **Yes** **No**

Parental Statements and Permission

I realize that individuals at camp can injure themselves without fault on the part of PCCCI personnel. I release PCCCI from responsibility for injury to my child.

I give permission on behalf of my child for the use of the following by PCCCI for promotional purposes: (a) pictures taken while at camp; (b) quotations from evaluations/letters relating to camp experience.

I understand that smoking is not permitted at the Big Bear Lake Conference Center and will so inform my child.

I understand that health and accident insurance protection is my responsibility.

I understand that PCCCI assumes no responsibility for campers/counselors who leave the Big Bear Lake Conference Center grounds for any reason other than programmed activities.

AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the camp director, to provide medical treatment for the above named camper as deemed necessary. This may include transportation to a medical facility. In the event of an emergency in which I cannot be reached, I hereby give my permission to the physician selected by the camp medical personnel to secure and administer treatment, including hospitalization for the above camper.

Signature of Parent / Guardian

Print Name

Date