

Angeles Crest  
Christian Camp

**MOUNTAIN**

**CAMP**

**APRIL 29-MAY 1**

**\$275 per Student**  
Includes transportation,  
lodging and meals

- Rockwall
- Zip Line
- Archery
- Laser Tag (included)
- Paintball (optional)

**6TH-12TH GRADE**

**ANGELES CREST CAMP**

- Game Room
- Campfire & S'mores
- Mammalogy
- Entomology
- Botany

**HANDS ON LEARNING IN GOD'S CREATION**

(714) 821-6227

[WWW.OCCS.ORG](http://WWW.OCCS.ORG)

@ANGELESCRESTCC



# Angeles Crest Christian Camp Medical Information and Release Form



NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE OF CAMP \_\_\_\_\_

CHURCH \_\_\_\_\_ CITY \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

IN EMERGENCY NOTIFY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ DATE OF LAST PHYSICAL EXAM \_\_\_\_\_

IS CHILD CURRENT WITH IMMUNIZATION RECORD? \_\_\_\_\_

### HEALTH HISTORY:

Drug Allergies \_\_\_\_\_

Heart Condition \_\_\_\_\_

Behavior/Nervous Disorder \_\_\_\_\_

Food Allergies \_\_\_\_\_

Asthma \_\_\_\_\_

Physical Handicap \_\_\_\_\_

Environmental Allergies \_\_\_\_\_

Seizure disorder \_\_\_\_\_

Stomach Problems \_\_\_\_\_

Insect Stings \_\_\_\_\_

Diabetes \_\_\_\_\_

Other \_\_\_\_\_

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions) \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Name, dosage, and frequency of any medications that must be taken regularly or as needed: \_\_\_\_\_

Any swimming restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_ Any activity restrictions; \_\_\_\_\_ Yes \_\_\_\_\_ No What restrictions? \_\_\_\_\_

If your child should require medical attention at camp for injuries received or illnesses contracted prior to coming to camp, please send us the information necessary to give your child proper medical service during your child's stay at camp. For special medical needs, please contact us prior to arrival: \_\_\_\_\_

Medical insurance: Your carrier will be billed for medical charges in case of accident or illness while at camp. Do you have medical insurance?  Yes  No

Please give name and policy number of insurance carrier:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### MEDICAL RELEASE

In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by Angeles Crest to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the first aid attendant on duty at Angeles Crest Christian Camp to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release.

Parent or guardian's signature \_\_\_\_\_ Relationship to child \_\_\_\_\_

*(you may sign your own Release if you are 18 or older)*

Print Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Date \_\_\_\_\_



**MINOR PARTICIPANT RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**



**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING ANGELES CREST CHRISTIAN CAMP FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.**

**Assumption of Risk**

I, in my legal capacity as the parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of Angeles Crest Christian Camp facilities, services, equipment and premises (“Facilities”) and any participation in Angeles Crest Christian Camp programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

**Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Angeles Crest Christian Camp, it’s officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or death sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

**Medical Release**

I hereby give my permission to the physician or dentist selected by Angeles Crest to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for the minor as deemed necessary if I am unable to give consent. I also authorize the first aid attendant on duty at Angeles Crest Christian Camp to administer medical aid as required for illness or injury under a physician's orders. The signature below is intended to serve as a medical release.

\_\_\_\_\_  
Minor Name (Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)

# ANGELES CREST

## Christian Camp

### Day 1

#### ARRIVAL DAY

11-12	Registration
12:30	Lunch
1:00	Orientation in Chapel – Break into Trail Groups
1:30	Class #1
3:00-5:00	Free Time
5:30	Dinner & Cleanup
6:15	Group Game
7:30	Bonfire/Devotion
8:30	Release to Faculty or Night Hike option
10:00	Lights Out

### Day 2

#### (Day 3 option is similar)

8:30	Breakfast & Cleanup
9:30	Class #2
10:45	Class #3
11:45	Doing Our Part, hands on activity to care for what we're given
12:30	Lunch & Cleanup
1:30-4:00	Free Time
4:15	Class #4
5:30	Dinner & Cleanup
6:15	Group Game
7:00	Bonfire/Devotion
7:30	Night Activities – Curriculum Based, if desired
8:30	Release to Faculty
10:00	Lights Out

### Day 3

#### DEPARTURE DAY

8:00	Pack up and out of cabins
8:30	Breakfast & Cleanup
9:00	Trail Group Debrief
10:30	Heading home

