

REGISTRATION/PERMISSION/RELEASE & EMERGENCY/MEDICAL INFORMATION FORM

EVENT: NEWDAY 2019 - Youth Summer Camp @ Twinlow Camp & Retreat Center
Host: Prairie Avenue Community Church. 3639 W. Prairie Ave, Idaho 83835. 208-772-7541

Name of Participant _____ Cell Phone _____ Birthdate: ____/____/____

Email Address: _____ Grade: _____ Age: _____

Home Address: _____
Street Address _____ City _____ Zip _____

Parent/Guardian's Phone: _____ Emergency Contact's Name: _____ & Phone: _____

Physician's Name: _____ Physician's Phone: _____

Insurance Carrier: _____ Policy #: _____

List participant's Allergies information: _____ Severity: _____

Participant's Pertinent Medical Information: _____

Medications needed at the event: **IF MEDS ARE NEEDED PLEASE FILL OUT MEDICAL FORM-THAT ALSO INCLUDES OVER THE COUNTER MEDICATIONS ON BACKSIDE OF THIS FORM**

Last Tetanus Immunization: _____

I give permission for my child to receive Over-the-counter medications: Y or N (circle) **PLEASE INDICATE ON THE MEDICAL FORM AS WELL.**

THIS RELEASE IS FOR ALL ACTIVITIES IN CONJUNCTION WITH THE NEWDAY 2019 - YOUTH CAMP.

For more information please contact Shane Goodner @ sgoodner@pacc-id.net or [\(208\)772-7541](tel:2087727541)

Parental/Guardian Consent for above initialed event(s)

To Whom It May Concern:

I, _____ parent/guardian of the above named participant, do hereby request that the above named minor be permitted to be involved in all activities regarding **Newday 2019 – Youth Summer Camp**. I agree and consent to having the ministers, staff members, volunteers, and leaders, under whose auspices the program is conducted, and any other worker in the program approved as parent to secure any emergency medical care or treatment that may be necessary for my youth during the entire length of the program. I further assume all responsibility for their decisions so made, and emergency care or treatment so secured by my youth in the event I cannot be reached.

Authorization to Treat Minor

I, _____ the undersigned Parent/Guardian of the above named minor, do hereby authorize adult workers with the Churches working with the Newday 2019 youth camp, as agent(s) for the undersigned, to consent to any examination-ray, anesthetic medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital in the event I cannot be reached.

Waiver of Liability

I, the undersigned Parent/Guardian of the above named minor, do hereby fully and knowledgeably release Churches working with the Newday 2019 youth camp, its transportation, lost/stolen items, and any adult leaders, whether volunteer or professional, from all liability for any accident, injury(s), or death(s) caused to the above named minor person that may grow out of any athletic, recreational, social, or any activity sponsored by or participated in by said religious corporation, and that this Waiver of Liability shall bind heirs, executors, administrators, assigns, and/or other person(s) having control over the affairs of said Minor person. In case of injury to the above named minor, I understand that I am responsible for the cost of any care that is outside of the coverage of my local church's insurance if such a policy exists.

Media Release

I understand that from time to time, during the school year, newspaper and media personnel cover event activities. In the event that my child is included in a picture or video for use in the newspaper, TV, or online: I grant permission for my child, _____, to be represented in media publications.

By signing you acknowledge that you have read and consent to the terms set forth in the above paragraphs, relating to the youth listed above:

Signature of Parent/Guardian: _____ Dated: _____

MEDICAL INFORMATION AND MEDICATION RELEASE FORM

Last Name _____ First Name _____

Birthday _____ Address _____

Medication Name	Dose	Reason	BRK	LUN	DIN	BED

*PLEASE LIST ANY ADDITIONAL MEDICATIONS OR INSTRUCTIONS ON THE BACK OF THIS SHEET*Medication Allergies: _____
_____Current Medical Conditions _____

Emergency Contact #1: Name _____ Relationship _____

Phone #1 _____

Emergency Contact #2: Name _____ Relationship _____

Phone #1 _____

May we administer over-the-counter drugs? _____ YES OR NO (CIRCLE ONE)

If yes, please list which over-the-counter drugs
we may NOT administer to you (if any): _____

I, _____, give Newday 2019 –Youth Summer Camp’s medical representative, or their designees, permission to procure any and all medical treatment needed for my child in the case of any urgent or emergent medical situation if and when that need may arise.

Parent Signature _____ Date: _____



Twinlow

Waterfront Policies & Procedures

Twinlow Camp and
Retreat Center
22787 N Twinlow Rd
Rathdrum, ID 83858
(208) 352-2671
office@twinlowcamp.org

Twinlow's Waterfront (Dock & Beach) are off limits unless a Twinlow Lifeguard is on duty and has opened the waterfront. We value your safety, please stay away from the lake unless a Twinlow Lifeguard is on duty. Thank you!

The following information and guidelines are for your safety. We are not trying to ruin your fun or your experience, we are trying to keep you safe. All the rules at the waterfront are to keep you safe and our equipment in good order for future guests. Our waterfront guidelines are in compliance with Idaho State Law or our Insurance Company's rules.

LAKEFRONT & BEACH

Twinlow Camp requires at least 2 certified lifeguard per aquatic activity. Also there will be at least 1 life-guard per 25 swimmers. All lifeguards shall have lifeguard certification from a nationally-recognized certifying body, (such as American Red Cross).

Please stay off of the beach, docks and out of the water when the Beach Closed sign is displayed and/or there is no lifeguard on duty.

FEATURES AND HAZARDS OF TWINLOW CAMP WATERFRONT AREA

Twinlow Camp is located on a mountain fresh water lake. The water is clear but at different times of the year, has a green tint in color due to pollens. It is difficult to see through. There are varying depths of mud and residue on the bottom.

Swim Area:

The docks and cables holding the docks in place are the primary hard of the swim area. Swimmers are cautioned to use care when swimming or playing along the docks or boundary lines of the swim area.

Use caution when walking across the beach near the cables.

Boating Area:

Guests are asked to not enter the boating area unless specifically directed by boating staff. **ALL participants** in boating activities (kayaks, canoes, tubing, waterskiing, wakeboarding, etc.) **must be wearing a PFD (lifejacket)**. This is Idaho State Law and a part of our insurance. We care about your safety, please wear the PFD at all times while engaging in watersports away from the swim area.

EMERGENCY AND RESCUE EQUIPMENT

All lakefront emergency and rescue equipment is stored in the Boathouse. All Twinlow Camp certified Lifeguards have access to all equipment.

In the case of an emergency Twinlow Lifeguards will activate Twinlow's Emergency Action Plan (EAP). Guests are asked to please comply with Lifeguard, Twinlow Staff, and Emergency Personnel's direction.

GENERAL GUIDELINES

Please Initial the Following if you understand and agree to comply with these guidelines.

- _____ The beach is considered closed when the Beach Closed sign is displayed.
- _____ If your group contains large numbers of participants, Twinlow Camp may Limit the number of people allowed at the waterfront at one time.
- _____ Swimwear is for the beach area only.
- _____ Swimwear and wet clothing are NOT allowed in the Dining area.
- _____ No lounging or sunbathing on the dock. You may do so on the beach. We do this so in case of an emergency lifeguards don't have to dodge sunbathers to reach rescue equipment or a victim.

SWIMMING GUIDELINES

- _____ All waterfront guests must comply with Lifeguard whistles, instruction, and direction. Failure to do so will result in guests being asked to leave the waterfront. Lifeguards are there for your safety, please listen to them.
- _____ Swimming is permitted only when the lifeguard is on duty.
- _____ All swimmers must remain in the designated area for swimming. **No swimming is permitted from the kayaks, paddleboards, canoes.**
- _____ Refrain from all unnecessary horseplay (pushing off docks, etc.) in or around the swimming area.
- _____ Please refrain from throwing rocks while swimmers are in the swim area.
- _____ PFDs must be worn when on the inflatable toys (trampoline and slide), or when using kayaks, canoes, paddleboard, or log rolling. This is Idaho State Law as well as Twinlow's insurance rule. **We are not doubting your swimming ability, and we are not trying to nag, we have to follow these rules in order to stay open and to welcome guests like you.**
- _____ Please treat Twinlow's boats (kayaks, canoes, etc.) with care, please wait for a lifeguard before dragging our boats on or off the beach.
- _____ If you go out with a paddle, return with one. Missing equipment is your responsibility to replace.
- _____ Twinlow Lifeguards must fit PFDs. Again, this is part of our Insurance, we're sure you could do it. We have to follow rules too.
- _____ Jumping off the dock is permitted in certain zones. Please check with lifeguards. **NO DIVING!** Our swim area is too shallow for diving. A guest who dives will be asked to leave the swim area. This includes diving off our inflatable toys.

I have read the above information and guidelines for Twinlow Camp's Waterfront. I agree to comply with Lifeguard or other Twinlow Staff instruction regarding behavior at the waterfront. I understand that failure to comply with the above guidelines or Twinlow Lifeguard/Staff will result in my removal from the waterfront.

Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____