



# TRCC Registration Form

ALL guests of TRCC must complete this form

**NOTE: PLEASE DOWNLOAD BEFORE PRINTING OR FILLING IN THIS FORM**

## Guest Information

Youth (Under 18 yrs)     
  Adult (18 yrs & over)     
  First time at TRCC     
  I'm back! ☺

Church/Organization: St. Bernard of Clairvaux     
 Event Dates: 4 / 20 / 18 - 4 / 22 / 18

Type of Camp (Check all that apply):     
 Church      
 Youth      
 College      
 Women      
 Family

  
 School      
 Children      
 Service      
 Men

Name: \_\_\_\_\_ Gender: Male  Female

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - -

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - -

Relationship to you:  Parent  Spouse  Other: \_\_\_\_\_
 Alternate Phone: \_\_\_\_\_ - -

## Medical Information

Is the camper up to date on all immunizations? Yes  No      
 Last Tetanus Shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dietary Restrictions?  Gluten Free  Vegetarian  Nut Allergies  Other: \_\_\_\_\_

Any medical conditions you would like to share? \_\_\_\_\_

Any allergies you would like to share? \_\_\_\_\_

Any prescribed medication along with camper of which you would like to make us aware? If so how are they to be administered? \_\_\_\_\_

## Additional Information for Youth (Under 18 Years of Age)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_     
 Grade: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ - -     
 \_\_\_\_\_ - -

## Participation Consent and Medical Treatment Authorization

Camp activities may include, but are not limited to, hiking, swimming, mountain scooters, ropes course, target shooting, archery, paintball, team recreation, etc. There are risks of physical harm or injury that could result from attending camp and participating in camp activities. I voluntarily elect myself (or my minor/child) to participate in camp activities and assume the risks of harm or injury that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release TRCC, its officers, employees, and agents from all liability for any injury or harm to me (or my minor/child) as a result of participating in any camp activity. I also authorize TRCC staff to provide transportation to and from activities that may take place away from the camp property. I further release the use of my (or my minor/child's) likeness, voice, and words in video, film, and print to Tonto Rim Christian Camp. In recognizing that TRCC only provides simple topical general first aid supplies, I hereby authorize TRCC staff to assist me (or my minor/child) in securing emergency medical services if such a need arises. I also hereby authorize emergency medical or surgical care by licensed medical care providers.

I have read and understand this Participation Consent and Medical Treatment Authorization.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Signature of Adult Guest or Parent/Guardian      Date

**Please fill out BOTH SIDES of this form and give it to your group leader!**



**Retreat (Camp Tonto Rim) – April 20<sup>th</sup> to 22<sup>nd</sup>, 2018**  
**St. Bernard Life Teen Event Registration & Consent Form**

**Medical Release**

I request that the named participant on this form be allowed to attend event listed above. In the event of an illness, I request that the designated volunteer or Director of Youth Ministry obtain medical treatment on my behalf for my teen if I or the emergency contact cannot be reached. Prescription medication will be given in its original container with dosage information on it. I understand reasonable precautions will be taken to safeguard the health and well-being of my teen and that I will be contacted immediately in case of emergency or accident. I will not hold the Parish, Diocese of Phoenix, the Chaperone or Director of Youth Ministry responsible for accident or injury.

**Behavior Agreement**

My teen, named on this form, will dress and act respectfully; use no verbal or physical abuse of self or others; will not have in their possession at any time, alcohol, drugs or tobacco of any kind; will be responsible for their own belongings; will not leave the designated area at any time for any reason without contacting the adult in charge; and will review the these guidelines with me, their parent, prior to signing below. I understand that if the teen named above is involved in any illegal activity or serious destructive behavior that I will be contacted immediately and be responsible for their immediate transportation home.

**Cost is \$110 per Teen (Make check payable to “St. Bernard”)**

Parent Signature \_\_\_\_\_ Youth Signature\_\_\_\_\_