

Camp Session: _____ Dates: _____

Cost: _____ Tee Shirt Size (\$10, Summer Camp Only) _____

Church Scholarship: _____ Total Included: _____



BURNAMWOOD

CAMP AND CONFERENCE CENTER

Physical Address | 900 Camp Burnamwood, Irvine, Kentucky 40336

Mailing Address | PO Box 23580, Lexington, Kentucky 40523 Phone |

606-723-2572 (landline) 859-494-9113 (mobile)

GENERAL

Participant Name _____
Last First Goes by

Address _____

City: _____ State: _____ Zip: _____

Birth Date: ___/___/___ Current Grade: _____ Sex: _____

Church:

Name City

Parent/Guardian Name:

Home Phone: (_____) _____ Work: (_____) _____

Cell: (_____) _____ Email: _____

Roommate Request:

In case of emergency, notify:

Name Relationship Phone numbers

MEDICAL INFORMATION

Dietary Restrictions:

Allergies to drugs, foods, etc. (please specify):

Activity Restrictions:

Is the individual covered by family medical/hospital insurance? Yes _____ No _____

Insurance Carrier

Policy/Group Number

Name of insured: last, first, MI

Relationship to Camper

Please list all medications (including over the counter) taken routinely. Medications must be in original packaging that identifies the prescribing physician (if applicable), the name of medication, the dosage, and the frequency of administration. All medications (with the exception of asthma inhalers) will be kept under the staff supervision in the Health Center and will be administered by staff members.

Medication #1 _____

Dosage _____

Time Taken Each Day _____

Medication #2 _____

Dosage _____

Time Taken Each Day _____

Medication #2 _____

Dosage _____

Time Taken Each Day _____

MEDICAL HISTORY

If any of the following questions necessitate explanation, please explain below.

HAS OR DOES THE PARTICIPANT...	YES	NO
been exposed to any recent illness/infectious disease (includes flu, strep, lice, pink eye, chicken pox, etc.)		
been exposed to any recent injury		
have a chronic or recurring illness/condition		
have a history of bed wetting		
have a history of sleepwalking		
have an eating disorder		
have an abnormal menstrual history		
have diabetes		
have frequent headaches and/or migraines		
sought the assistance of a professional for emotional difficulties		
have asthma		
have seizures		
been diagnosed with a heart murmur		
have a head injury		
been knocked unconscious		
have high blood pressure		

Please explain

IMMUNIZATIONS

Which of the following has the participant been immunized for

MEASLES	
MUMPS	
RUBELLA	
CHICKEN POX	
MENINGITIS	

HEPATITIS A	
HEPATITIS B	
HEPATITIS C	
POLIO	

DATE OF LAST
TETANUS SHOT
____/____

OVER THE COUNTER MEDICATIONS

I hereby give permission for Burnamwood Camp and Conference Center to administer the following over-the-counter medications if the First Aid Coordinator deems it necessary. Dosages will be administered according to the directions on the package unless a physician directs otherwise.

Parent/Guardian Name:

Signature of Parent/Guardian:

Date:

MEDICATION	YES	NO
Tylenol (acetaminophen)		
Advil (ibuprofen)		
Alleve (naproxen)		
Cort-Aid (hydrocortisone)		
Benadryl (antihistamine)		
Pepto Bismol (bismuth subsalicylate)		
Tums (antacid)		
Suphedrine (decongestant)		

MEDICATION	YES	NO
Robitussion (cough suppressant)		
Immodium AD (loperamide)		
Neosporin (antibiotic ointment)		
Petroleum Jelly		
Hydrogen Peroxide		
Calamine Lotion		
Sunscreen		
Bug Spray		

PERMISSION TO TREAT AND MEDICAL RELEASE, RELEASE OF LIABILITY AGREEMENT,

“Adult” means the undersigned adult, being at least 18 years old, signing on behalf of himself/herself and/or the undersigned parents and/or legal guardian, signing on behalf of the minor below. “Undersigned” means the Adult and Minor collectively. “Burnamwood” means, collectively, Burnamwood Camp and Conference Center, which includes the facilities, programs, and paid and unpaid staff.

I, the undersigned, acknowledge and agree that as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, and/or my child give permission for the undersigned to attend and participate in the Burnamwood event for which I have registered.

I, the undersigned, acknowledge and agree that as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, and/or my child acknowledge there are inherent risks involved in attending any camping ministry and I, the undersigned, understand the possibility of accidents, physical injury, loss, and/or damage. I, the undersigned, hereby release

the Presbytery of Transylvania, Burnamwood, Burnamwood Executive Director, Burnamwood Resident Caretaker, and the volunteer staff and paid staff, of any legal responsibility for any accident, physical injury, loss, and/or damage which occurs while at Burnamwood.

I, the undersigned, acknowledge and agree that as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, and/or my child acknowledge that if the undersigned is injured and requires first-aid attention and/or the aforementioned over-the-counter medications, that Burnamwood may administer first-aid and/or the indicated medications. Furthermore, I, the undersigned, agree to hold Burnamwood and its representatives free and harmless of any claims, demands, or suits for damages arising from the giving such consent. I, the undersigned, also understand that I am responsible for payment of hospital and/or medical bills incurred to such treatment.

I, the undersigned, acknowledge and agree that as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, and/or my child acknowledge that if the undersigned is injured and requires the attention of a doctor, appropriate steps will be taken to attempt to contact me as the legally authorized guardian, based on the information I, the undersigned, have provided, before treatment is given.

IN THE EVENT I CANNOT BE REACHED when the attention of a doctor is needed or in the event of another emergency.

I, the undersigned do hereby give permission to the physician selected by the Executive Director, Summer Director, Resident Caretaker, or Event Director to hospitalize, secure proper medical treatment for, and order injection, anesthesia, or surgery for the undersigned. Furthermore, I, the undersigned, agree to hold Burnamwood and its representatives free and harmless of any claims, demands, or suits for damages arising from the giving such consent. I, the undersigned, also understand that I am responsible for payment of hospital and/or medical bills incurred to such treatment.

I, the undersigned, affirm that all personal, health and insurance information provided on this form is, to the best of my knowledge, accurate as of the date written below and that, I am solely responsible for providing Burnamwood with changes to the personal, health, and insurance information recorded on the form.

NOTE: Campers are covered for medical expense not covered by your personal insurance in case of accident while at camp.

Name of Parent/Guardian(Adult)

Signature of Parent/Guardian

Name of Participant

Signature of Participant (for Adult Participants, i.e. counselors)

Date: _____

PHOTO AND PUBLICITY RELEASE AGREEMENT

“Adult” means the undersigned adult, being at least 18 years old, signing on behalf of himself/herself and/or the undersigned parents and/or legal guardian, signing on behalf of the minor below. “Undersigned” means the Adult and Minor participant collectively.

“Burnamwood” means, collectively, Burnamwood Camp and Conference Center, which includes the facilities, programs, and staff.

I, the undersigned, acknowledge and agree that as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, and/or my child give permission for the use of photographs and/or videos including the undersigned in Burnamwood publicity efforts, both online and in print.

Name of Parent/Guardian(Adult)

Signature of Parent/Guardian

Name of Participant

Signature of Participant (for Adult Participants, i.e. counselors)

Date: _____

BURNAMWOOD COVENANT

Knowing that we are a community of faith, all participants at retreats and summer camp are expected to observe the following guidelines for our life together.

- Act as a messenger of God’s love at all times.
- Respect everyone – respect each others’ feelings, dignity, and personal property.
- Treat others in the way that I would like to be treated.
- Listen, share, and care.
- Be on time – for meetings and curfew. All activities are required attendance.
- Participate in all activities and maintain a positive attitude!
- Help and serve everyone in every way possible.
- Laugh a lot – yet get serious when necessary.
- No use of drugs, alcohol or tobacco is permitted.
- Noweapons, firearms or fireworks are allowed on Burnamwood Property.
- Campers are not permitted in any of the cabins or sleeping units of the opposite sex.
- No one is to leave the lodge or cabin area by themselves.
- Respect the property of Camp Burnamwood. NO GRAFFITI.
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In signing this covenant, I am making a public commitment to abide by what is written above, knowing that I am responsible for my own actions. I also realize that if I do not abide by this covenant, I may be sent home at the expense of my parents/guardians or my own local church.

Participant’s Signature

Date

RETREAT FEES ARE DUE UPON OR PRIOR TO ARRIVAL AT CAMP

Retreats begin at 7:00pm Friday (eat before you come) and conclude Sunday at 10:00 a.m.
Summer camps check-in begins at 10:00 am on the first day of the session and check-out begins at 10:00 on the last day of the session.

Late arrivals and early departures are strongly discouraged and must be approved.

Any questions, please call 1-859-494-9113