



# 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: \_\_\_\_\_ Event Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

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