



# Summer Camp

## Paperwork Instructions

### PRIOR TO CAMP

#### ALL

- Registration & Release Form, completed and signed (parent/guardian signature for anyone under 18)

#### ANYONE 18+ yrs: (for everyone on campus for any length of time, including campers turning 18 while here)

- Copy of Child Protection Training certificate with a course name and number on each certificate
- Name listed on Adult/Sponsor Certification Form in alphabetical order
- Have a criminal history and background check completed and bring a printed page of results. Any and all incidents found in a criminal background check must be reviewed and approved by TPCC staff prior to arrival on campus.

#### ANYONE WITH MEDICATIONS:

- Medication Release Form
- Medications must be in original container
- Prescription medications must have the pharmacy label on them. If there is no label on the medication you need to get a copy of the label from the pharmacy. (This includes inhalers, eye drops, ointments, etc.)
- Please only send necessary medications
- Place campers medications in Ziploc bag with their name on it along with the Medication Release Form

#### CHURCH LEADER ONLY:

- Sign Transportation Policy
  - one per church
- Check off on Adult/Sponsor Certification Form that a criminal history and background check have been complete on anyone 18+ yrs.
- Provide a list of all minor campers, listed alphabetically by last name

### ARRIVAL AT CAMP

#### Turning in Camp Paperwork:

1. Transportation Policy, Adult/Sponsor Certification Form, and alphabetized List of Campers
2. Separate 18+ yrs and sponsor Release Forms from camper Release Forms
3. All Camper Release Forms in alphabetical order by last name
4. All sponsor/18+ yrs Release Forms in alphabetical order by last name with Child Protection Training certificate stapled to back of Release Form along with the printed results of the background check.



# Participant Registration & Release Form

4341 FM 356 • Trinity, TX 75862 • 936-594-5011 • www.trinitypines.org

**INSTRUCTIONS:** Complete a separate form for each person attending. All requested information is applicable. Type or print legibly in dark ink.

Name: \_\_\_\_\_  
First Middle Last Suffix (indicate name used)

Mailing Address: \_\_\_\_\_  
Street City State Zip

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Mo. Day Year

Name of Church or Group with whom you are attending: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**If attendee is a minor:** Parent / Guardian: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Parent / Guardian Phone #: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**Diseases, Chronic or Recurring Illness** (such as diabetes, asthma, seizures): \_\_\_\_\_

**Allergies** (food, medications, insect sting, other) \_\_\_\_\_

By signing below, I give permission for the Camp Health Supervisor to give the following over-the-counter medication in accordance with standard label directions: acetaminophen, ibuprofen, antihistamine, decongestant, cough medicine, anti-nausea, anti-diarrheal, and antibacterial ointment.

Exceptions: \_\_\_\_\_

**If parent cannot be reached in an emergency, please contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

## AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND LIABILITY WAIVER

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my stay at Trinity Pines Conference Center, Trinity, TX, also known as Trinity Pines, certain risks and dangers may occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, activities such as volleyball, soccer, softball, basketball, archery, wilderness hiking, swimming, use of watercrafts, and an adventure course with zip lines, high and low elements (collectively referred to as the "Activities"). I authorize the use of my or my child's photograph or video on the Trinity Pines electronic and print media for updates, communication, and marketing.

I am aware that, being in close contact with other campers and staff, whether church staff, counselors, recreational staff, Trinity Pines staff, agents, or contractors, I may be exposed to one or more viral infections or other infectious diseases. I acknowledge and understand the risks associated with any and all such infectious diseases, as well as preventative measures utilized to slow and/or prevent the spread of such infectious diseases, including but not limited to frequent hand washing, social distancing and use of face masks in public locations, and I hereby willingly choose to participate in the Activities.

In consideration of Trinity Pines providing and my willingness to engage in these rigorous activities in a special environment, I have and do hereby hold Trinity Pines, it's owners, officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which may arise from or in connection with my stay or participation in any activities arranged for me by my organization or my group leaders or Trinity Pines. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family. I certify that I/my child are current on required immunizations, or are exempt from immunization requirements for reasons of conscience.

In case of an accident or illness, I authorize first aid/medical personnel to examine, treat, or administer medications for any illness or injury to myself or my child as deemed necessary. In the event of an emergency involving my child and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care for me or my child. I hereby release, indemnify and hold harmless Trinity Pines, it's owners, officers, directors, trustees, agents, employees, and/or volunteers, from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of Trinity Pines, it's agents, and employees.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and have understood.

**X** \_\_\_\_\_  
Participant Signature Date

**X** \_\_\_\_\_  
Parent or Legal Guardian Signature (if minor) Date

## MEDICATION ADMINISTRATION FORM (Accompanies All Medications)

**All medications** must be accompanied by this authorization form and given to the church contact person who will be responsible for bringing all medication and forms to the TPCC office for review by our Medical Staff.

- Place all medications in a large Ziploc bag with your child's name and church name.
- Prescriptions must be in the original container with the camper's name and the current dosage.
- No medication will be given unless they are in original containers per Texas Department of State Health Services.
- If your child/youth requires an asthma inhaler or antidote for insect bites or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with our Medical Staff. One (1) will be kept and closely guarded by camper and one (1) given to the Medical Staff. Similar special cases must be discussed with the Medical Staff.

TPCC staff request that you **do not** send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). These types of medications are provided by TPCC).

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

Church Name: \_\_\_\_\_ Church City & State: \_\_\_\_\_

As the parent or legal guardian of the above-named child, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to my child.

**X** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Parents/Guardian Signature                      Date                      Daytime Phone #                      Evening Phone #

**OR**

As an Adult Camper/ Sponsor/Staff, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to me during my stay at Trinity Pines Conference Center.

**X** \_\_\_\_\_  
 Adult Camper / Sponsor/Staff                      Date

Medication	Form (tablet, capsule, liquid, inhaler)	Dosage (amount to be given)	Frequency (how often)	Purpose	Comment or Special Instructions

If necessary, make additional copies of this blank Medication Form in order to provide requested information for each medication.



Church: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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

The following adult(s) will be attending as campers or as volunteer sponsors for the above stated church group. (ANY students 18+ years old should be included below.) and are so indicated.

Name of Adult Volunteer Sponsor (ALL adults attending)	Date of Birth	Sex Offender Background Check	Criminal History Background Check	Current Training Certification
1. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTESTATION by the pastor, minister and/or church leader (chairman of the deacons, trustee, etc).

The above named individuals are known to me/us, and I/we can attest to the character, integrity and ability of each to serve as a sponsor. I/we know of no reason why any should not serve as a sponsor for children and youth under the age of (18) eighteen. I/we also attest to the fact that each of these sponsors has undergone a background check as mandated by the State of Texas and meets the requirements set forth by The Texas Department of State Health Services Rule §265.12 and has successfully completed the required Child Protection Training. I/we recommend them to you as persons who will represent our church or organization in the supervision of our young people. For more information please refer to TPCC's Child Protection Summary of the Texas Department of State Health Services Regulations. Proper documentation must be submitted with TPCC Registration.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date



## Transportation Policy and Agreement (One per Church)

### Golf Cart Rules:

- Golf carts are to be driven only by adults 21 and over.
- No more than 3 people (4 for a cart with rear seat) may be on a golf cart at any time.
- The golf cart may only be used to transport passengers in seats intended for such use.
- No reckless driving, sharp turning, or horseplay will be allowed with any golf cart, as golf carts can roll with such activity.
- Golf carts are not to be driven in muddy areas and are to remain at least 10 ft from all buildings and stationary objects.
- Golf carts may be provided by the group from an outside source. TPCC does not rent golf carts to guest groups.
- The driver shall be responsible for any and all damages to TPCC facilities and/or the cart.

### Automobile/Truck Rules:

- TPCC requests that automobile/truck usage be kept to a minimum during your stay.
- Only licensed drivers 18 or over.
- Each occupant of a vehicle must be in a seat.
- Posted speed limits should be observed at all times.
- Passengers should not be allowed to hang on to the side of a vehicle, ride on running boards, or any other part of the vehicle.
- Passengers in the back of a truck must be seated in the bed of the truck with a closed tailgate.
- Guests/drivers shall be responsible for any and all damages to TPCC facilities and/or the vehicle.
- Automobiles/trucks should stay on roads or designated parking areas at all times.

### Trailer Rules:

- Trailers may be provided by the group from an outside source. TPCC does not rent trailers to guest groups.
- Groups may elect to use a trailer for transportation
- All occupants of a trailer must be fully seated on the bed of the trailer (not on side rails) and must remain seated until the trailer comes to a complete stop.
- If riders are under the age of 14 there must be at least one adult (at least 21 years old) as supervision in the trailer as well.
- Guests/drivers shall be responsible for any and all damages to TPCC facilities, vehicle and/or trailer.

### ATV/UTV Rules:

- ATV/UTV use is prohibited on TPCC property.

I, \_\_\_\_\_, as a representative of \_\_\_\_\_ Church, agree to the transportation policy stated above for any and all transportation that my group uses on the property of TPCC. I also accept full responsibility for any and all fees, damages or injuries that may occur involving any staff or guests, TPCC property, or other personal property. I have and do hereby hold Trinity Pines, its owners, officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which may arise from our use of transportation at TPCC.

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Signature

Date