

CAMP FULL ARMOR

GROW

"Let your roots grow down into Him and let your lives be built on Him. Then your faith will grow strong in the truth you were taught, and you will overflow with thankfulness."

-Colossians 2:7 NLT

Camp Full Armor: Camper Info

Camper Name: _____ Gender: M / F

Birthdate: _____ Grade this fall: _____ Age: _____ Camper

Email: _____

Address: _____ City: _____ St: _____

ZIP: _____

Primary Contact: _____

Relationship: _____

Phone: _____

Email: _____

Secondary Contact: _____

Relationship: _____

Phone: _____

Email: _____

Church you attend: _____

City: _____

Minister: _____

Please Return this registration by either mail or email to:

Camp Full Armor

600 Erwin St

Louisville, IL 62858

618-665-4441

crice@fullarmorchristianacademy.com



GENERAL RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS AND HOLD HARMLESS AGREEMENT

1. In consideration of crossing, renting, participating in programs, using or otherwise being present on the property of **Full Armor Christian Academy** located at 600 Erwin St. Louisville, 62858.

2. I _____, for myself and my estate, heirs, administrators, executors, and assigns, hereby release, forever discharge and hold harmless Camp Full Armor, its directors, officers, employees, volunteers, contractors, agents and representatives called the "RELEASEES" from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, demands, costs or expenses or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to my presence on the property of CAMP FULL ARMOR, including programs and/or services provided by 3rd parties, whether caused by negligence of the RELEASEES, accident, omissions or otherwise.

3. I fully understand that CAMP FULL ARMOR has and poses inherent risks, dangers and hazards for me and/or my minor children, particularly during camping. These risks include but are not limited to forest fires and fallen trees; poison oak and other plants that may cause rashes and allergic reactions; bug bites and stings. Specifically, Brown Recluse Spiders, Black Widow Spiders, Yellow Jackets/Bees; and Mosquitoes known to spread West Nile Virus and ticks known to spread Lyme disease, Corona Virus (COVID-19) are common in Clay County. My presence to be on the property of CAMP FULL ARMOR is voluntarily and I assume all risks and responsibility for loss, property damage, illness and personal injury, including death whether caused by negligence of the RELEASEES, accident, omission or otherwise.

4. I further hereby agree to indemnify and hold harmless the RELEASEES from any loss, liability, damage, judgment, settlement, or costs, including court costs and attorney fees, or medical fees that they may incur due to my presence or participation on the property of CAMP FULL ARMOR, including programs or services provided by 3RD parties, whether caused by negligence of the RELEASEES, accident, omissions or otherwise.

6. This is a legally binding agreement. By signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily; no oral representations, statements or inducements have been made. I am at least eighteen (18) years of age and fully competent. **I understand that I am giving up substantial rights by signing this document and voluntary agree to be bound by it.**

Signature _____

Date _____ Print:

_____ Phone:

_____ Address:

If participant is under the age of 18, please list the minor(s) and have the parent/guardian sign the above document. *NAME _____ Age of minor _____ *NAME

_____ Age of minor _____ *NAME _____ Age of
minor _____ *NAME _____ Age of minor _____

*NAME _____ Age of minor _____ *NAME _____ Age of
minor _____

A release of liability is required for each adult 18 and over. Children under 18 years in the same family may be grouped on one form.



Camper Covenant/Expectations

Camper will adhere to all the guidelines below:

1. Listen to and respect all leadership at Camp Full Armor.
2. No use of personal devices (as outlined in the technology policy) while at camp.
3. We are a temple of God and we must reflect that in dress, language, actions, and thought.
4. No public display of affection or romantic relationships.
5. Campers will not be allowed in the opposite gender's sleeping quarters.
6. NO tobacco, drugs, vaping, or alcohol allowed! ZERO Tolerance!
7. No leaving the grounds without permission from Team Leader.
8. NO weapons (Knives, Guns, etc.).
9. Team Leaders have the final say in all matters.

Camper's name _____

Camper's signature _____

Date _____

Parent/guardian's name _____

Parent/guardian's signature _____

Date _____



Technology Policy

1. Campers are NOT allowed to use personal devices once they have checked in. Personal devices include, but are not limited to, cell phones, smart watches, tablets, computers, gaming devices, etc. If a camper is found to be using a personal device, then the device will be put into safe keeping until the end of camp.
2. Camp Full Armor is not responsible if a personal device is damaged while at camp, including but not limited to, water damage, being dropped, etc.
3. If campers have an emergency and need to contact a parent/guardian, they may talk to their team leader.

Camper's name _____
Camper's signature _____
Date _____

Parent/guardian's name _____
Parent/guardian's signature _____
Date _____



MEDICATION AT CAMP

CAMPER NAME _____ GRADE _____ BIRTHDATE ___/___/___

1. **NAME OF MEDICATION:** _____ DOSE : _____
 ROUTE: oral topical injection inhaler other _____
 FREQUENCY 1 2 3 4 TIMES PER DAY. Any special times
 required??? _____ PRN only
 POSSIBLE ADVERSE EFFECTS OF MEDICATION? YES NO if YES
 what? _____
2. **NAME OF MEDICATION:** _____ DOSE _____
 ROUTE: oral topical injection inhaler other _____
 FREQUENCY 1 2 3 4 TIMES PER DAY. Any special times
 required??? _____ PRN only
 POSSIBLE ADVERSE EFFECTS OF MEDICATION? YES NO if YES
 what? _____
3. **NAME OF MEDICATION:** _____ DOSE _____
 ROUTE: oral topical injection other _____
 FREQUENCY 1 2 3 4 TIMES PER DAY. Any special times
 required??? _____ PRN only
 POSSIBLE ADVERSE EFFECTS OF MEDICATION? YES NO if YES
 what? _____
4. **NAME OF MEDICATION:** _____ DOSE : _____
 ROUTE: oral topical injection inhaler other _____
 FREQUENCY 1 2 3 4 TIMES PER DAY. Any special times
 required??? _____ PRN only
 POSSIBLE ADVERSE EFFECTS OF MEDICATION? YES NO if YES
 what? _____

NAME OF PHYSICIAN (WHO PRESCRIBED MEDICATIONS) TELEPHONE

TO PARENT/ GUARDIAN:

Medications must be brought to camp in a container appropriately labeled by the pharmacy or physician. Nonprescription medications ordered by the physician should be brought with the original label and the camper's name affixed to the container. Only those medications which are necessary to maintain the camper in camp shall be administered. If you have any questions, please call the camp.

I hereby authorize the above-named camp and its certified employees to act in my behalf to supervise the administration (or supervise self – administration) the medications prescribed above to my child. I acknowledge that a camp nurse may not be available to supervise the administration and specifically consent to certified camp employees giving the medication instead of the camp nurse

Date ___/___/_____ Signature of PARENT
/GUARDIAN_____

HOME PHONE _____ EMERGENCY / WORK
PHONE _____

CONFIDENTIAL INFORMATION

Allergy History Form

According to your child's health records, s/he has an allergy to:

Please provide us with more information about your child's health needs by responding to the following questions and returning this form during check in.

1. When & how did you first become aware of the allergy?

2. When was the last time your child had a reaction?

3. Please describe the signs and symptoms of the reaction?

4. What medical treatment was provided and by whom?

5. If medication is required while your child is at camp, the enclosed Emergency Action Plan (EAP) form must be completed by a licensed medical provider and parent/guardian.

6. Please describe the steps you would like up to take if your child is exposed to this allergen while at camp.

Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____