

Please complete and return to: The Office for Faith Formation
1300 Washington Street
Denver, CO 80203



Adult Volunteer/Leader Registration

Summer 2008

Please specify which camp you will be leading

Middle School June 15 - 21

Elementary School 1 June 22 – June 28

Angel tree elementary

Elementary School 2 July 6 - 12

High School July 13 – 19

Wilderness Camp – July 27-August 3

Name: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____ Birth date (m/d/y): _____

Church: _____

Emergency Contact: _____ Phone # _____

Please list any dietary and/or medical needs or physical limitations you might have or any other information we should know about: _____

Signature: _____ Date: _____

Medical Insurance Company: _____ ID #: _____

Policy in the name of: _____ Insurance Company Phone # _____

FOR ADULT LEADERS ONLY - to be filled out by rector/priest of adult leader's church.

Do you feel this person would be a responsible leader at summer camp? YES NO

Has this person taken the Safeguarding our Children Workshop? YES NO

Has this person had a Background Check? YES NO

Is there any information that you feel that the leadership team of this event needs to know:

Rector/priest name: _____ Signature: _____

Church: _____ City: _____ Date: _____

Permissions, Acknowledgements, Waivers, Releases

Please initial each section, then sign the bottom line on page #2

Acknowledgement of parental authority

Permission for Health Supervisor to Administer First Aid and Medications

I give permission for the Camp Health Supervisor and/or designee to administer first aid, as well as administer over-the-counter medications (such as Tylenol, Advil, Pepto Bismol, Neosporine etc) for minor ailments and/or injuries.

I give permission for the Camp Health Supervisor and/or designee to administer prescription medications per doctor's orders

Permission for Emergency Medical Treatment

In the event of serious illness or injury, a Colorado Diocese staff member will attempt to contact the emergency contacts (as listed above) as soon as possible. In the event they cannot be contacted in a timely manner, I give permission for myself to be transported to an appropriate medical/dental facility, and for the physician/dentist selected by the supervising camp staff person to hospitalize and secure appropriate medical/dental treatment (including diagnostic tests, surgery, anesthesia, and other treatment deemed necessary by the attending physician/dentist).

I understand that the Diocese of Colorado does not provide medical or dental insurance for campers. I understand and agree that all expenses incurred for any medical/dental treatment will be my responsibility.

Permission to use Photographs, etc.

Any photograph, or audio or video recording of myself or comments or statements made by myself, may be used in Diocese of Colorado materials

Assumption of Risk, Waiver and Release

I understand and acknowledge that the camp activities have certain known risks and unknown risks which could result in injury, death or damage to myself, to property or to others. Being aware that these activities involve risk, I expressly, voluntarily and knowingly agree and promise to accept and assume all responsibility and risk for any injury, death or damage to myself, to property and to others arising from participation in such activities. In addition, I hereby voluntarily release and forever discharge the Diocese of Colorado/The Episcopal Ecumenical Communities, Inc, its agents, servants, employees and/or volunteers, from any and all liability, claims, actions, or rights of action, which are in any way related to my participation in these activities, including, but not limited to the acts or omissions of the Diocese of Colorado. I further agree and promise to hold harmless and indemnify the Diocese of Colorado, its agents, servants, employees and/or volunteers, from any and all costs or damages, including attorneys fees incurred in connection with any such claims or actions. I further agree and promise not to sue, assert or otherwise maintain any claim or action against the Diocese of Colorado, its agents, servants, employees and/or volunteers, arising from, or connected with my participating in these activities or from any claim asserted against me by spectator(s), or other third parties, arising from or connected with my participation in these activities.

I acknowledge that I have read, understood, and agree to, the above terms, conditions, permissions, assumptions of risk, waivers and releases.

Date _____ X _____
Adult Volunteer Signature

Community Covenant

In order to make this event at Trinity Ranch as successful as possible each participant must read, agree to and sign a Community Covenant. We have read the attached Community Covenant and understand that any breach of the Community Covenant will be grounds for expulsion from camp, and that no refunds will be given. In the event a participant is expelled from an event, parents agree to pick up the participant and provide for his or her transportation. **We also understand that law enforcement agencies will be notified if engagement in any illegal activities, or possession of anything illegal takes place.**

Date _____ X _____
Adult Volunteer Signature

I confirm that I have read and signed the attached Community Covenant, and am returning it along with my registration form:

Date _____ X _____
Adult Volunteer Signature

Adult Volunteer Health Form

Adult Name _____

- ▶ The person listed above is planning to attend a seven-day residential camp away from his/her home. Please insure that all medication orders and other instructions are appropriate to that situation.
- ▶ F.Y.I. The Camp Health Supervisor will have a minimum of an Advanced First Aid Course.

Date of most recent visit physical exam, or other visit to physician, within the last 12 months _____

Camper's height _____ Camper's weight _____

Medical Concerns

- A.D.D./A.D.H.D. **(Bring usual medication to camp)**
- | | |
|--|--|
| <p><input type="checkbox"/> Allergies</p> <ul style="list-style-type: none"><input type="checkbox"/> Bee/wasp/hornet stings<input type="checkbox"/> Drug: Which ones? _____<input type="checkbox"/> Food: Which ones? _____<input type="checkbox"/> Pollens, molds, etc <p><input type="checkbox"/> Asthma (Bring inhaler(s) to camp)</p> <p><input type="checkbox"/> Bone or joint problems (bad knees, etc)</p> <p><input type="checkbox"/> Convulsions or epilepsy</p> <p><input type="checkbox"/> Dental Braces, retainer</p> | <p><input type="checkbox"/> Diabetes/hypoglycemia</p> <p><input type="checkbox"/> Emotional (specify below)</p> <p><input type="checkbox"/> Hearing</p> <p><input type="checkbox"/> Heart/circulation/blood disorder</p> <p><input type="checkbox"/> Migraines or other headaches</p> <p><input type="checkbox"/> Nose bleeds</p> <p><input type="checkbox"/> Respiratory</p> <p><input type="checkbox"/> Vision</p> <p><input type="checkbox"/> Other Health History: (fractures, surgeries, illness, etc)</p> |
|--|--|

Please include details concerning the above items that you feel we should know

Do you have any special dietary needs?

Medications: Prescription and over-the-counter

All medications (except asthma inhalers) must be turned over to the Camp Health Supervisor, to be locked out of campers' reach

All medications must be in the original container. Prescriptions must have a pharmacy label.

| Name of Medication | Dosage | Time(s) of Day |
|--------------------|--------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Community Covenant

1. When outside during free time always be where you can see the lodge front door.
2. Closed toed shoes must be worn when doing outside activities.
3. Ropes course equipment is off limits unless an instructor is present.
4. Keep camp clean...pick up trash. Leave your environment in better shape than you found it. Be good stewards of God's creation.
5. Always receive your Counselor's permission before leaving your group and let them know where you are going.
6. Be nice to each other. Respect should be given to each camper.
7. All campers must remain at Trinity Ranch unless accompanied by Counselors or parent/guardian.
8. Boys only in boys' rooms; girls only in girls' rooms.
9. All participants are expected to attend and participate in all activities.
10. All participants must be in their beds by lights out each night.
11. No alcohol, tobacco, illegal drugs, fireworks, firearms, knives, or other weapons will be allowed
12. Respect the rules, personnel, and property of Trinity Ranch.
13. Obey and give respect to the leaders of camp.
14. Always check with the Craft Counselor before beginning a project.
15. Wait to be invited before you enter the Kitchen.
16. Be gentle with the equipment...no spinning the foosball sticks or hanging on basketball rims.
17. Children using playground equipment must be supervised by an adult.
18. Never play around the fire pit area.
19. All participants are expected to model God's love and use appropriate behavior and speech while at camp.
20. All participants are expected to adhere to a modest dress code while at camp (i.e. no camisole tops, no short shorts, no sagging pants, etc...)
21. Please don't touch the sound or computer equipment in the living room area.
22. Please keep food and drinks in the dining hall.
23. Please don't bring snacks or candy to camp with you...it attracts critters in the dorm area.

I have read and understand the expectations set forth. By signing this document, I will comply with the general community regulations. I understand that this document must be completed and signed in order to participate in this event.

Volunteer Signature

Date

SUMMER
+ CAMPS