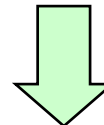


Week _____ Program Name _____ Circle One: RIDGE, ROCK
 If attending a second week:
 Week _____ Program Name _____ Circle One: RIDGE, ROCK



LUTHERIDGE+LUTHEROCK MINISTRIES 2008 CAMPER HEALTH FORM



PLEASE COMPLETE THE ENTIRE FORM AND RETURN NO LATER THAN MAY 1, 2008.
IF YOU REGISTER LATER THAN MAY 1, PLEASE SEND IN HEALTH FORM IMMEDIATELY.
 Each camper **MUST HAVE** a completed 2008 health form on file with LLMI to be admitted to camp.
BE SURE TO SIGN IN ALL 3 SIGNATURE LOCATIONS!!!!

Name _____
Last First MI Name Used
 Birth Date _____ Age _____ Male Female
 Parent/Guardian Names(s) _____ Relationship _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email _____

IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:

Emergency Contact #1 _____ Relationship _____
 Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Contact #2 _____ Relationship _____
 Home Phone _____ Work Phone _____ Cell Phone _____
Physician name _____ Phone _____

Health Insurance Information

LLMI has secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.
 Carrier Name _____
 Carrier Address _____
 Policy # _____ Phone _____
 Policy Holder's Name _____
 Policy Holder's Social Security # _____ Policy Holder's Date of Birth _____
 If you have an Rx card Bin # _____ ID # _____ Group # _____

MEDICAL RELEASE AND AUTHORIZATION FOR TREATMENT

(IF THE PARTICIPANT IS UNDER 18 YRS OF AGE, A PARENT/GUARDIAN MUST SIGN MEDICAL RELEASE WHICH IS A PREREQUISITE TO CAMP PARTICIPATION!)

The undersigned, as parent/legal guardian of the camper, authorizes Lutheridge+Lutherock Ministries, Inc. (LLMI), its delegated leaders, directors, and the medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. LLMI will endeavor, but is not required, to communicate with me prior to treatment. The undersigned releases LLMI and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off camp.

Printed Name _____ Signature _____ Date _____



PAST MEDICAL TREATMENT & HEALTH HISTORY

Has/does the participant:	Yes	No		Yes	No
Had any recent injury, illness or infectious disease....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had high blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>
Have a chronic or recurring illness/condition.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had back problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent headaches.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had problems with joints (eg., knees, ankles)....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had a head injury.....	<input type="checkbox"/>	<input type="checkbox"/>	Have any skin problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent ear infections.....	<input type="checkbox"/>	<input type="checkbox"/>	Had mononucleosis in the past 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever passed out during or after exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	Have problems with sleepwalking.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had chest pain during or after exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	Have a history of bed-wetting.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had seizures.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had an eating disorder.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had an operation.....	<input type="checkbox"/>	<input type="checkbox"/>	Been diagnosed as ADD or ADHD.....	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" responses _____

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. _____

Describe any camp activities from which the camper should be exempted for health reasons. _____

Allergies: Hay Fever Poison Ivy Insect Stings Food _____ Other _____
Asthma: Severe Moderate Mild Triggers? _____
Nutritional/dietary restrictions: _____ Diabetic? No Yes Vegetarian? No Yes

Has the camper had any of the following: Measles Chicken Pox Mumps German measles

Please indicate **the date** (MM/YY) of the last immunizations/booster for:
DTP _____ MMR _____ TD (Tetanus) _____ Hepatitis B _____ HIB _____

Does the camper know how to swim? Yes No Somewhat

Is camper currently taking any prescribed or over-the-counter medicine? Yes No
If "yes", what medications? _____

Which of these medications will the camper be bringing to camp? _____

ANY MEDICATIONS TO BE TAKEN AT CAMP MUST BE IN CLOSED VIALS WITH ORIGINAL PHARMACY LABELS INTACT.

+++++

PHYSICIAN'S EXAM

Physician must either complete this section of the health form or a copy of a signed, completed physical from the last 24 months must be attached to this form.

Date of last exam (must be within past 24 months of camp week) _____

Any physical condition requiring restriction(s) on participation in the camp program and **a description of that restriction** (please describe in detail – attach further documentation if needed) _____

Any current or on-going treatment or medications to be administered at camp (name, dosage, frequency) _____

Any modified nutritional /meal plan: _____

In my opinion, the applicant (circle one) **can/cannot** participate in a camp program.

In my opinion, the applicant (circle one) **can/cannot** participate in a camp program of high activity including backpacking, rock climbing and rafting.

Licensed physician's signature _____ **Date** _____

Phone _____ Address _____ City _____ State _____ Zip _____

**NORTH CAROLINA
BUNCOMBE & AVERY COUNTY**

**LUTHERIDGE + LUTHEROCK MINISTRIES, INC.
PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT**

READ CAREFULLY BEFORE SIGNING


In consideration of Lutheridge + Lutherock Ministries, Inc. furnishing services and/or equipment to enable me/my child to participate in a variety of outdoor and recreational activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of outdoor recreational equipment, transportation to, and my participation in outdoor recreational activities; (b) my/my child's participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including risks, hazards, and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; and (d) by my/my child's participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I hereby agree and consent to my/my child's participation in each outdoor and recreational activity that is provided by or on behalf of Lutheridge+ Lutherock Ministries, Inc. for the age group in question (which may include, among other things, camping, hiking, canoeing, challenge tower activities, challenge course activities, rock climbing, spelunking, mountain biking, playground activities, and swimming). I, on behalf of myself/my child, and my personal representatives hereby waive, release and discharge Lutheridge + Lutherock Ministries, Inc. its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of Lutheridge + Lutherock Ministries, Inc. and its respective agents and employees. I further waive, release and discharge Lutheridge + Lutherock Ministries, Inc. for any claim arising from participation in any program, service, or other outdoor and recreational activities.

The sole proper venue of any dispute that may arise out of this Waiver or Release or otherwise between the parties to which Lutheridge + Lutherock Ministries, Inc., or its agents is a party shall be the General Court of Justice, Buncombe County, North Carolina. I understand and acknowledge that this Waiver and Release and any claim arising herein shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE LUTHERIDGE + LUTHEROCK MINISTRIES, INC., FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

_____	_____	_____
PARTICIPANT NAME (PRINT)	AGE IF MINOR	PROGRAM/DATES
_____		_____
CAMPER SIGNATURE (If 18 years of age or older)		DATE
_____		_____
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN*		DATE

TRANSPORTATION AND PHOTOGRAPH PERMISSION

I hereby allow my child to be transported for off-site outings and photographed for possible inclusion in LLMI publications or the LLMI website.

_____	_____
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN*	DATE

***Signature of Custodial Parent or Guardian Required**

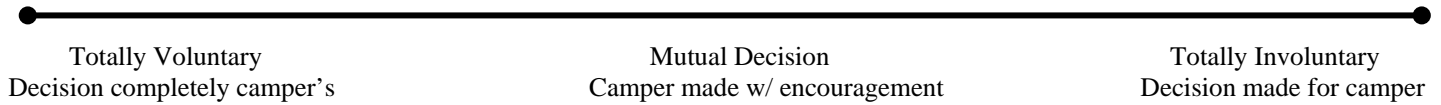
Lutheridge+Lutherock Ministries wants to provide your child with the best possible camp experience and is interested in the spiritual, physical and social growth of your child. The following information will help your our staff meet his/her needs in the best way possible.

Camper's Name _____ Grade just completed _____

- Camper is attending an overnight camp for the first time.
- Camper has attended another overnight camp, but this is his/her first time at Lutheridge or Lutherock.
- Camper has attended Lutheridge or Lutherock before. # of years _____
- I have other children attending Lutheridge or Lutherock the same week.
Names/Grades _____

Please describe camper's feelings about attending camp. _____

Use the following scale (put a mark) to let us know how the decision was made for this camper to attend camp.



Does camper often get homesick when spending the night away from home? _____

Are there any major events or significant situations of which we should be aware? _____

Has this camper had any negative camp experiences of which we should be aware? _____

Are there any concerns this camper is addressing that would be helpful for us to know? _____

What camp activities do you think this camper will enjoy the most? _____

Anything else you'd like us to know that would help us give this camper the best camp experience possible?

**Thanks for the information. Please know it will only be seen by staff working directly with your child.
WE LOOK FORWARD TO HAVING YOUR CHILD AT CAMP!**