



# CAMPER Registration: Heights Camp

August 10-12, 2018

For more information about Heights Camp, a packing list and what the weekend will look like, visit our website at [heightschurch.com/heightscamp](http://heightschurch.com/heightscamp). If you have questions, contact [camp@heightschurch.com](mailto:camp@heightschurch.com) or call 928-445-1421 x1023.

**Please Note:** In order to be registered for Heights Camp, **all forms must be fully completed with a payment** (either a non-refundable deposit or a full payment). Complete payment is due by July 15, or your spot will be forfeited. If you have questions, contact our Heights Camp Team.

<b>Group/Family LAST Name</b>	
<b>Contact Person's Full Name</b>	
<b>Contact Person's Email</b>	<b>Contact Person's Phone</b>
<b>Address</b> address, city, state, zip	
<b>Life Group Cabin Request:</b> Do you want to room with your life group? Let us know who by writing their <b>last</b> name below! Cabins are split men and women, children 3 and under can room with parent of choice. We will do our best to accommodate your request.	

## Include All Camper Names Below:

LC YL <i>Official use only</i>	Name <i>First and Last</i>	Gender <i>M or F</i>	Age <i>at time of camp</i>	Grade <i>at time of camp</i>	Kids 3 and under room with which parent?	T-Shirt Size S, M, L, XL, XXL
						<input type="radio"/> Adult <input type="radio"/> Child
						<input type="radio"/> Adult <input type="radio"/> Child
						<input type="radio"/> Adult <input type="radio"/> Child
						<input type="radio"/> Adult <input type="radio"/> Child
						<input type="radio"/> Adult <input type="radio"/> Child
						<input type="radio"/> Adult <input type="radio"/> Child
						<input type="radio"/> Adult <input type="radio"/> Child

Do any of the campers above have any dietary restrictions?  Yes  No

*If yes was checked, you will receive an email from the kitchen at Lost Canyon. The email will lead you to a link that will ask specific questions on how Lost Canyon can best meet your dietary needs.*

Do any of the campers above have any physical restrictions (no stairs, ADA accessible, etc.)?  Yes  No

*If yes was checked, what is the specific physical restriction?* \_\_\_\_\_

- 
- |   |   |  |                                   |
|---|---|--|-----------------------------------|
| <input type="radio"/> All Registration List | <input type="radio"/> Partial Registration  | <i>Official Use Only</i>                             | <input type="radio"/> SC Partial  |
|   | <input type="radio"/> Complete Registration | <input type="radio"/> Partial Payment (deposit only) | <input type="radio"/> SC Complete |
|   |   | <input type="radio"/> Complete Payment               |                                   |
-

# Heights Church: Activity Participation Agreement

**Activity Information:** To be completed by the activity sponsor

Name of sponsoring organization: *Heights Church, Prescott, AZ*  
 Telephone: *928-445-1421*  
 Description of activity: *Heights Camp at Lost Canyon*

Address: *2121 Larry Caldwell Dr. Prescott, AZ 86301*  
 Name of sponsor's coordinator: *Bob Hoyt, Hannah Bleckley*  
 Date(s) & location of activity: *August 10-12, Lost Canyon*

**Participant Information:** To be completed by participant or authorized guardian

*Name of all participant(s) are listed on the Camper Registration on page one.*

Is sponsor authorized to approve medical treatment?  Yes  No

Are participant(s) covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_

Group number: \_\_\_\_\_ Policy number: \_\_\_\_\_

**Participation Agreement & Photo Release**

In consideration for the opportunity to participate in the above activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

I also understand that at this event or related activities, I may be photographed or videotaped. I agree to allow my or my child(ren)'s photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(participant or parent/guardian if under age 18)

## Heights Camp Payment and Pricing

We accept cards, cash and checks made payable to Heights Church with Heights Camp on the memo line.

**DORMITORY LODGING:** This chart will calculate the total cost of camp for lodging- men/boys and women/girls room in separate dorms. Children 3 and under room with parent of choice. Please indicate which parent on the front of this page.

**ADULT GUEST LODGE:** *The AGL (limited availability) allows couples to room together with a private bathroom; minimum age is 18 years old.*

## Choose One Payment Option Below

To pay in full, please fill out the box on the left. To pay the non-refundable deposit, fill out the box on the right.

### TOTAL COSTS AND DEPOSITS

<b>Adults (age 12+)</b> \$139 in full \$70 non-refundable deposit	<b>Kids (age 3-11)</b> \$79 in full \$40 non-refundable deposit	<b>Kids (age 0-2)</b> FREE	<b>Alternate Lodging in AGL (18+)</b> \$189 in full \$70 non-refundable deposit <b>Waitlist Only, Not Available</b>
---	---	-------------------------------	--

### PAY IN FULL

Age Group	Total Cost	#	Total Cost
Adult (12+)	\$139	x	=
Kids (3-11)	\$79	x	=
Kids (0-2)	\$0	x	= \$0
<b>FULL PAYMENT TOTAL</b>			<b>=</b>

### PAY DEPOSIT (non-refundable)

Age Group	Deposit Cost	#	Deposit Total
Adult (12+)	\$70	x	=
Kids (3-11)	\$40	x	=
Kids (0-2)	\$0	x	= \$0
<b>DEPOSIT TOTAL</b>			<b>=</b>
<b>REMAINING BALANCE</b>			<b>=</b>



GUEST CONSENT RELEASE FORM FOR OUTSIDE GROUPS USING YOUNG LIFE CAMP

NOTE TO GUEST: Young Life wants your experience at the Young Life camps to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information.

Name Last First Middle Initial

Birthdate Age Sex

Spouse/First Emergency Contact Last First Middle Initial

Home Address Street and Number City State/Province Zip/Postal

Business Address Street and Number City State/Province Zip/Postal

Phone Number Home Business

Second Emergency Contact Last First Middle Initial

Home Address Street and Number City State/Province Zip/Postal

Business Address Street and Number City State/Province Zip/Postal

Phone Number Home Business

Any allergies or other medical needs?

Name of Physician Last First Middle Initial Phone Number

Address Street and Number City State/Province Zip/Postal

I have had a physical within the last 24 months.

Medical Insurance Company Policy Number

Address Street and Number City State/Province Zip/Postal

INDEMNITY AND CONTRACT AGREEMENT: I will not hold or attempt to hold Young Life liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of Young Life's Notice of Privacy Practices, log on to www.younglife.org or call (719) 381-1950.

I verify that I am in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health. In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. I recognize that any medical treatment that is provided to me while attending a Young Life camp will be paid for by my medical insurance company.

WAIVER AND RELEASE IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

Signature Date

Name of Your Group/Church Dates of Event