



# Lake Brownwood Christian Retreat

9030 Retreat Road · Brownwood, Texas 76801

(325)784-5133 · (325)784-7109 ~ Fax

www.lbcr.org · lbcr@lbcr.org

## Counselor Registration Form

Please complete form in its entirety and return it to your group director. Do not mail to Lake Brownwood Christian Retreat.

The completed medical/guidelines/liability release form is a required document authorizing counselor participation in all camp activities. Upon arrival, the completed form must be turned over to LBCR administrators. Camp activities cannot commence until all registration forms are received. Texas Law requires that the complete original medical form be kept in the nurse's station and become permanent documentation of LBCR.

Counselor's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
First Middle Last

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Evening Other

Sponsoring Church/Organization: \_\_\_\_\_ City: \_\_\_\_\_

Have you been convicted of a felony: Yes No If yes, explain: \_\_\_\_\_

### COUNSELOR MEDICAL HISTORY AND AUTHORIZATION FOR TREATMENT

Person to notify in event of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number of Emergency Contact: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Evening Other

Secondary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number of Secondary Contact: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Evening Other

Family Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Plan or Group #: \_\_\_\_\_ Insured's ID or Member #: \_\_\_\_\_

Please complete the following and give additional information as applicable:

**ALLERGIES:**

- Medicine/Drug \_\_\_\_\_
- Insect stings \_\_\_\_\_
- Food \_\_\_\_\_
- Plant \_\_\_\_\_

Are any allergies known to be potentially fatal? \_\_\_\_\_

Special diet? (Every effort will be made to accommodate special dietary needs, but LBCR cannot guarantee availability of all specialty foods.)

**DISEASES, CHRONIC OR RECURRING ILLNESSES:**

- Asthma \_\_\_\_\_
- Bleeding Disorder \_\_\_\_\_
- Skin disease \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Epilepsy/seizures \_\_\_\_\_
- Heart defect/disease \_\_\_\_\_
- Stomach Ulcer/Hernia/Appendicitis \_\_\_\_\_
- Recent Surgery? \_\_\_\_\_

Date of last tetanus shot? : \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

Are all immunizations current? \_\_\_\_\_

Additional information: \_\_\_\_\_



## Counselor Registration Form, continued – page 2

### MEDICATIONS

State law requires all medications to be stored in the nurse's station. **All medications must be in the original container** (prescription or over-the-counter) and **properly labeled as prescribed by law**. Prescription labels must have the counselor's name and current dosage. Medications will be collected and reviewed by the camp nurse upon camper arrival. Please do not send OTC (over-the-counter) medicines such as Tylenol, Ibuprofen, Benadryl or antihistamines; LBCR stocks a wide range of OTC medications to be dispensed by the nurse as needed.

List of current medications: \_\_\_\_\_

### MEDICAL AUTHORIZATION

May Lake Brownwood Christian Retreat give you Tylenol, Benadryl and/or topical solutions to treat minor aches, pains and ailments as they should become evident? (All medications will be administered in accordance with manufacturer's and/or on-call physician's directions.) **YES NO Counselor's Initials \_\_\_\_\_**

I, \_\_\_\_\_ (counselor) hereby authorize Lake Brownwood Christian Retreat and its staff and/or volunteers to seek and authorize emergency medical treatment that may be deemed necessary to insure my well-being. I do hereby release and forever discharge all representatives of LBCR from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in LBCR sponsored activities.

**Counselor's Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

### GENERAL CAMP GUIDELINES

1. LBCR is a ***tobacco free facility*** when guests under the age of 18 are on camp premises.
2. LBCR observes a "No Tolerance" policy for ***alcohol, drugs, controlled substances, fireworks, firearms or weapons***. Use or possession of any of these articles is grounds for immediate dismissal of the individual or group.
3. ***Gambling, fighting and obscene language & paraphernalia*** are strictly prohibited. Any person (youth or adult) found engaging in any of these activities is subject to dismissal from the camp.
4. Campers are to respect all adult leaders and follow their instructions at all times. During water front activities, LBCR lifeguards are responsible for the safety of campers and have authority to supervise campers as needed including removing campers from the activity or discontinuing an activity for the entire group. In the event of an injury, the lifeguards will have control of the situation until a qualified medical professional arrives on the scene. Campers who do not abide by the guidelines of the camp may be restricted from certain activities.
5. Our guests are not allowed to bring ***pets*** onto the premises except service dogs for the disabled.
6. Campers must wear ***shoes and shirt*** in the Dining Hall and Camp Store. Campers should be dressed appropriately for all activities and may be asked to change clothing to properly suit an activity.
7. Smoke detectors, fire extinguishers and exit lights are installed for the safety of our guests and are not to be used except in case of emergency. Misuse of these items may render them inoperable.
8. LBCR is equipped with facilities for ***minor injuries and/or illness***. Guests experiencing illness or injuries that prevent them from continued participation in scheduled activities will be sent home. Any transportation and expenses incurred are the responsibility of the camper's parent/guardian.

I have read the General Camp Guidelines listed above and do promise to abide by all established regulations for my enjoyment and for the safety of all participants of the camp.

**Counselor's Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year



## Counselor Registration Form, continued – page 3

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

Lake Brownwood Christian Retreat, Inc. hereinafter referred to as “Camp” requires a signature for all attendees of the Camp and all participants of any Camp activity including, but not limited to, Ropes Challenge Course, waterfront activity and water craft (canoes & kayaks), swimming pool, hiking, bicycles, basketball, football, baseball, softball, volleyball, disc golf, camp fires and any and all other camp and recreational sports and activities.

Attendance and Activities at the Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure our guests a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend Camp and the decision to participate in any Camp activity at any level is **at all times completely up to the camper** and, if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp’s goal to maintain the physical, emotional and social safety of each attendee and participant of Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

“I understand that attendance at Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp activity. **I agree to assume such risks and responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Lake Brownwood Christian Retreat, Inc. from any and all claims, physical and emotional, including bodily injury and/or death, that I may sustain in connection while attending Camp and with my participation in any and/or all Camp activities.**”

Furthermore this form gives permission for your voice, picture, image/likeness, or video to be used for camp promotional purposes including but not limited to web sites, flyers, slide shows, and/or video clips which inform people of the services and activities of Camp. .

“I understand the directors of Lake Brownwood Christian Retreat reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of Camp, as determined by the discretion of the directors.”

“I have read (or had read to me) this document in its entirety and I understand the information contained herein. I have freely and voluntarily signed this document.”

“I hereby attest that all information listed on the Form (pages 1 & 2) is complete and accurate to the best of my knowledge I am in acceptable health, physical ability and emotional state to fully participate in camp and all associated activities. I also agree that I will abide by the General Camp Guidelines as outlined in this document and understand that I may be dismissed from camp and sent home at my expense if I do not adhere to the established regulations.”

The signature provided confirms Agreement to Attend, Participate, Assumption of Risk and Release Form in order to attend Camp and participate in any Camp activity

Counselor’s Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year