



HEALTH FORM

Rooted Summer Camp 2025

August 8-11, 2025

CAMPER INFORMATION

Last Name:	First Name:	Middle:
Birth Date:	Grade Entering in Fall 2025:	Birth Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:		
City:	State:	Zip Code:

PARENT/GUARDIAN

Parent/Guardian Name(s):	
Parent/Guardian Cell:	Parent/Guardian Cell:
Home Phone:	Work Phone:
Email Address:	

INSURANCE

Insurance Company:	Policy Number:
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GENERAL HEALTH

Doctor:	Phone:					
Known Allergies:	Dietary Resrictions:					
Known Diseases or Conditions:						
Special Conditions:	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Reactions to Drugs	<input type="checkbox"/> Bedwetting			
	<input type="checkbox"/> Fainting	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Other			
Medications Currently Used or Prescribed:						
Immunization Record:	Tetanus	Whooping Cough	Polio	Diphtheria	Measles	Rubella
Date of Latest Inoculat:	/	/	/	/	/	/

IN CASE OF EMERGENCY

(If unable to reach Parent/Guardian)

Name(s):	
Relationship:	Home Phone:
Cell Phone:	Work Phone:

PLEASE SEE REVERSE SIDE

HOLD HARMELSS AGREEMENT AND PHOTO RELEASE WAIVER

Hold Harmless Agreement:

Some of the activities at camp like running, swimming, and climbing have assumed risk. In consideration of my or my minor being allowed to participate in the activities during Rooted Camp at Twin Lakes Bible Camp and intending to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, or assigns may have against Rooted Camp or Twin Lakes Bible Camp as well as their respective officers, directors, trustees, agents, employees, representatives, successors, assigns, and affiliates for (1) injury, (2) property damage, (3) disability, (4) death, (5) sickness or disease that I or the listed minor may sustain and/or suffer in connection with my/our participation in camp activities. I also agree to indemnify Rooted Camp or Twin Lakes Bible Camp for any defense, cost, or expense arising out of any claim of damages, injury, death, or sickness arising from my or my minor's participation in this program. I or my minor am/are physically fit, legally competent, and freely participate in this activity at my own risk and with my permission.

Photo Release Waiver:

I hereby grant permission to Rooted Camp or Twin Lakes Bible Camp, and its employees, or assigns, the irrevocable right to use the photographs and video taken for use in any Rooted Camp or Twin Lakes Bible Camp publication. This includes the right to use the subject's name, voice, image, and likeness in any manner, in any and all media, now known or hereafter devised, for the purposes of promotion, advertising, publicity, and marketing.

Medical Release:

I hereby give permission for agents of Rooted Camp or Twin Lakes Bible Camp to seek emergency medical and surgical treatment and routine non-surgical medical care for my child while under camp care (including acetaminophen, ibuprofen, and prescription drugs). I understand that I will be contacted in case of emergency and have provided accurate contact information.

Minor/Participant Printed Name:	
Parent/Guardian Printed Name:	
Parent/Guardian Signature:	Date: / /

Note: Please put all medications in plastic bag, label with camper's name and directions for usage. All medications need to be turned in to the nurse at registration.

Questions: Call (712) 546-6915 or Email dplegge@lemarsbiblechurch.org
Camp Location: Twin Lakes Bible Camp – 7718 Twin Lakes Rd. – Manson, IA. 50563