



# HIGHLAND LAKES CAMP & CONFERENCE CENTER

5902 Pace Bend Rd. North • Spicewood, TX 78669  
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**PLEASE COMPLETE FORM AND RETURN TO YOUR GROUP CONTACT PERSON. DO NOT MAIL TO HLCCC.**

## STUDENT MEDICAL / LIABILITY RELEASE FORM

**INSTRUCTIONS:** Complete the Registration form in its entirety. Parent or legal guardian signature is required on both front and reverse side. Type or print legibly in Dark Ink. **The COMPLETED Medical/Liability Release form is a REQUIRED document authorizing entrance to HLCCC property and participation in camp activities. Upon arrival, the completed form must be delivered to HLCCC administrators. Texas Law requires that the completed original medical form be kept in the Campus Nurses' Station and become a document of permanent HLCCC record.**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Camper's Name: \_\_\_\_\_  
First Middle Last (indicate name used)

Address: \_\_\_\_\_  
Street City State Zip

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: (M/F) \_\_\_\_ Email: \_\_\_\_\_  
Mo. Day Year

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

Name of Church or Group with whom you are attending: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Have you been convicted of a felony: ☐ YES ☐ NO If yes, explain: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Parent / Legal Guardian Phone Number: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

### MEDICAL INFORMATION

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make certain that you have provided thorough and accurate medical information.

Medications you take for current medical condition (asthma, allergies, etc.) _____ _____ _____ Medications you take occasionally (headaches, etc.) _____ _____ Do you plan to bring these or any other medications to camp with you? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original bottle (prescription or over-the counter), properly labeled as prescribed by law.</i>	Health Information: Do you have, or have you had Recent Serious Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO Recent Surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO Chronic Medical Condition? <input type="checkbox"/> YES <input type="checkbox"/> NO Other Health Concerns? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES to any of the above, please describe: _____ _____ Special Diet? _____ Date of last Tetanus Shot? _____ Immunizations Current? _____ Allergies: Food? _____ Drugs? _____ Insect Stings/Bites? _____ Other? _____
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Person to Notify in **Event of Emergency:** \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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

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

Medical Insurance Co.: \_\_\_\_\_ Plan or Group #: \_\_\_\_\_

Insured ID or Member #: \_\_\_\_\_ Ins. Co. Phone #: (\_\_\_\_) \_\_\_\_\_

*It is recommended that you attach a photocopy of your family medical insurance card.*

I, \_\_\_\_\_ being the legal guardian of \_\_\_\_\_ give my permission to Highland Lakes Camp and Conference Center's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Highland Lakes Camp sponsored activities.

X \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ (\_\_\_\_)  
Required Parent or Legal Guardian Signature Date Phone Number

**IMPORTANT... SEE REVERSE SIDE FOR MANDATORY STUDENT AND PARENTAL RELEASE**



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

**HIGHLAND LAKES BAPTIST ENCAMPMENT d/b/a HIGHLAND LAKES CAMP & CONFERENCE CENTER** hereinafter referred to as the "Camp" requires a signature for all attendees of the Camp and all participants of any Camp activity including, but not limited to, Challenge/Ropes Course (highs and lows), Water Crafts, Water Toys, Swimming Pool, Bicycle Course, Backpacking, Camping, Basketball, Football, Baseball, Softball, Volleyball, and any and all other camp and recreational sports and activities. Furthermore this form releases the Camp to photograph and/or use photographs of myself or my child for use in its publications, advertising, promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity.

Attendance and Activities at 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 you 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 the Camp and the decision to participate in any Camp activity at any level **IS AT ALL TIMES COMPLETELY UP TO THE INDIVIDUAL'S CHOICE** 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 the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the 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 any 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 such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Highland Lakes Baptist Encampment d/b/a Highland Lakes Camp and Conference Center from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in any and/or all Camp activities.**"

If you feel that there are any activities in which you or your child should not be involved in, please describe for us on an attached sheet the activities (include name and church/group name on the attached sheet). I understand the directors of Highland Lakes Baptist Encampment reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all Highland Lakes Baptist Encampment programs.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

**X** \_\_\_\_\_  
Required Student Camper's Signature      Date

**X** \_\_\_\_\_  
Required Parent or Legal Guardian Signature      Date  
(If Student Camper is 18 years of age or younger)

### **HLCCC POLICIES**

1. Prank supplies are not allowed (i.e. Shaving cream, water balloons, water guns/blasters) in the buildings. Please request HL approval for use of these supplies outdoors.
2. Adult supervision is required at the lake and/or pool. At no time is a student to go to the lake and/or pool without adult supervision.
3. Drugs, alcohol, any form of tobacco, firearms, knives, or any other kind of weapon, or fireworks are NOT allowed.
4. Appropriate godly dress attire is expected. Casual clothing is acceptable during all activities. Shorts (for boys and girls), skirts and skorts (for girls) should be no shorter than fingertip length. One piece modest swimsuits are requested. Swimsuits should only be worn at the swimming pool and/or lakefront.
5. Please refrain from Public Display of Affection (PDA) with girlfriends/boyfriends.
6. Please refrain from fighting.
7. All snack items must be stored in sealable containers to prevent ants and other insects in the dorms and meeting rooms. Texas Department of Health regulations prohibit cooking in dorms or meeting rooms.
8. Guests are not allowed to bring pets on campus. No pets in the dorms, motels, or meeting rooms.
9. Students are to respect all adult leaders and follow their instructions.
10. Adults ONLY should bring a cell phone. Please do not use it while at the lakefront. We want to ensure attention is placed on the students for safety reasons.