

~RADICAL REALITY~  
**FOR THIS CAUSE  
I WAS BORN**

~SUMMER CAMP 2017~

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## Camper Registration Form

**Camp Date: July 10-14, 2017**

Open to all students 7th through 12th grades.

Space is limited this year! Don't Delay!!

**Camp begins Monday at 3:00pm and ends Friday at 1:30pm.**

For Camp questions, please see your Youth Pastor or go to our website.

[www.donniemooreministries.com](http://www.donniemooreministries.com) 209.474.1055

**Camp Cost: \$265.00 ~~~~ (\$255.00 if pre-registered with paper work by June 2nd)**

Date will be determined by Postmark/Email receipt date

Please send your completed registration form, along with a non-refundable deposit of \$25.00 (check or money order) to your Youth Pastor, who will forward one check for all attending.

(PLEASE PRINT CLEARLY)

Church Name \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) or Guardian name \_\_\_\_\_

Parent(s) Email \_\_\_\_\_

Youth Pastor's Name \_\_\_\_\_

Bunkmate Choice \_\_\_\_\_ (ONLY ONE – SAME AGE)

I am enclosing \$ \_\_\_\_\_ registration fee. Registration fee is non-refundable.

### **Health Record & Consent Form**

Name \_\_\_\_\_

Health Problems \_\_\_\_\_

Emergency Phone (\_\_\_\_) \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Polio Vaccination    Yes    No

Last Tetanus Shot (Date) \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

Regular Medication \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named on this consent form.

I/We do hereby release Radical Reality agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by the aforementioned camper during the involvement with Radical Reality camps.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Donnie Moore Ministries Inc./Radical Reality Camp

## PARTICIPATION AGREEMENT / ASSUMPTION OF RISKS

### Consent by Self or Parent/Guardian of a Minor

*(PLEASE BRING WITH YOU – KEEP COPY FOR YOURSELF)*

Church Name: \_\_\_\_\_

City: \_\_\_\_\_

Supervising Pastor Name: \_\_\_\_\_

**DESCRIPTION OF ACTIVITY:** Radical Reality Camp 2017

**DATE & LOCATION OF ACTIVITY:** July 10-14 // Richardson Springs – Chico, Ca.

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone Numbers:

Day \_\_\_\_\_ Evening \_\_\_\_\_

Cell \_\_\_\_\_

Legal Guardian(s) if Participant is a Minor:

\_\_\_\_\_

### **FIRST: PARTICIPATION DISCLOSURES AND WAIVERS**

Participant and Donnie Moore Ministries, Inc. (hereinafter referred to as “Radical Reality”) understand and agree that there are a number of various programs undertaken by departments and groups in affiliation with Richardson Springs on the campus facilities, involving activities and individuals that are often not under direct control or supervision of Radical Reality, and that there is an overriding policy that each participant involved in these programs does so at their own risk of personal injury or damage to property; and, Participant desires to take part in the activity mentioned herein above, and fully understands and agrees that such activity might involve sporting activities, travel or contacts with other individuals, and Radical Reality has limited or no control over other individuals involved in such activity; and that there is always the risk of physical injury, illness, and other loss, and possible costs or expenses for medical or dental diagnostic and curative treatments, (continued on next page)

and general and special damages for incidental loss or expense; and, in these premises, Participant does for himself or herself, and for and on behalf of said Participant and his or her family, representatives and heirs, assume the risk of all such injury, loss, expense and damages, to person or property, and does hereby wholly release Radical Reality, Richardson Springs and its agents from all responsibility or liability, and waives any and all claims or causes of action against Radical Reality, Richardson Springs or its agents that might arise from or on account of any sort of loss or injury of or to person or property of any description in this regard; and, as an inducement to Radical Reality and its agents to allow the undersigned and such Participant to participate in such activity, does hereby agree to hold harmless Radical Reality, Richardson Springs and its agents from all these things in event any such claim should arise. Radical Reality does not act as an insurer, guardian, guarantor or warrantor of health or safety of anyone involved in such activity.

## **SECOND: DISCLOSURE OF SPECIAL MEDICAL OR OTHER REQUIREMENTS**

The undersigned further represents that the Participant suffers from no disability or disease, and has no special requirements for cars, supervision, or medication, other than those listed below:

Is the participant on any medication or allergic to anything? if so please list:

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## **THIRD: MEDICAL AUTHORIZATION**

In the event it should become necessary, whether in emergency or otherwise, where the said Participant cannot act for himself or herself, consent is hereby given for Radical Reality through its adult individuals serving as its agents to arrange for and consent to x-ray examinations, anesthesia, dental, medical or surgical diagnosis and/or treatment and hospital care, for said Participant, on behalf of Participant; and, in such event, Participant agrees to assume and pay all costs, charges, fees and expenses incurred in the premises, and to hold harmless Radical Reality there from. Participant represents and agrees that he or she already has or will provide insurance coverage or payment of such things, at Participant's own expense.

Name of Emergency Contact:

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Contact Phone Numbers:

Day \_\_\_\_\_  
Cell \_\_\_\_\_

Evening \_\_\_\_\_

Is Radical Reality authorized to approve medical treatment? ☐Yes ☐No  
Is Participant covered by personal/family medical insurance? ☐Yes ☐No  
If yes, name of Insurer/Insurance Carrier:

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Policy or Group Number:

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#### FOURTH: DISCIPLINE

Participant for themselves or on behalf of such minor child hereby submits to and agrees to abide by all rules and regulations, supervision and discipline set and applied by Radical Reality or its agents, and it is agreed that for violation of such rules and regulations, supervision or discipline, the participation in the activity may then be immediately terminated, without liability on Radical Reality or its agents.

#### FIFTH: VIDEO/PHOTO

Participants and/or their guardians agree to allow themselves to be photographed or videoed for the purpose of distribution of a video, website, future promotional material and printed materials without compensation or approval rights.

☐ I would like to Opt Out of this.

#### PARTICIPATION AGREEMENT

By signing below, the Participant (or parent/guardian if Participant is a minor) **acknowledges and accepts the risks of physical injury** associated with participation in the activity described above. Except for **gross negligence** on the part of the sponsor and/or its representatives, including employees, and/or its volunteers, **the Participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity.** Further, the Participant (or parent/guardian) **promises to hold harmless the sponsor (Donnie Moore Ministries, Inc./ Radical Reality)** and its representatives, including employees, and its volunteers, for any injury related to the activity. 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 arbitration process.

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

SIGNATURE:

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Participant or Parent/Legal Guardian  
(if participant is a minor)

Please PRINT name here

## **RADICAL REALITY CAMP ~ INFORMATION SHEET**

Registration begins Monday at 3:00 pm. Camp concludes Friday at 1:30.

### **Donnie Moore Ministries**

P.O. Box 7445, Stockton, CA 95267

Phone: 209.474.1055 Fax: 209.474.0913

Springs of Living Water

15850 Richardson Springs Road

Chico, CA 95973

Emergency Phone: 530.893.6750

### **Camp Location:**

### **What to Bring:**

- Bible
- Pen & Notebook
- Sleeping Bag
- Pillow
- Swimsuit (See guidelines below)
- Shorts (clothing suitable for activities)
- Water Bottle
- Towel (Shower & Pool)
- Personal Items/Toiletries
- Spending Money (Camp t-shirt, snacks, bookstore)
- Helmets if you're bringing a skateboard or bike

### **What Not To Bring:**

- Alcohol, Drugs, Tobacco Cigarettes/Vaporizers
- Guns, Knives or weapons of any kind
- Lighters
- Fireworks
- Ipads, laptop computers

**\*Please mark all personal items with your name. Radical Reality is not responsible for lost or stolen items. If it's valuable, don't bring it!**

### **Camp Dress Code**

#### **Girls**

Shorts: should be knuckle-tipped length with arms at sides.

Tops: Tops should be cut appropriately, not see through, covering midriff and all undergarments.

Swimwear: Please bring a modest swimsuit. If you choose not to bring a two-piece please bring a dark colored tank to wear over it.

#### **Guys**

Shorts/pants: should be worn at hips without sagging or excessive bagginess.

Shirts: should be appropriate, white tank style undershirts are not to be worn. No offensive logos, pictures or anything gang affiliated.

**Radical Reality/Donnie Moore Ministries is not responsible for lost or stolen items.**  
**If it's valuable, don't bring it!**