



Tonto Rim Camp Consent and Activity Release Form

A completed form from each camper is required upon arrival.

CAMPER INFORMATION

Name: _____

Gender: Male or Female

Email: _____ Phone Number: (____)____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relatives' names and ages if attending the same camp: _____

Church/Organization: _____ Event Dates: _____

Circle the Type of Camp: Youth Women Men Family Couples Service

ADDITIONAL CAMPER INFORMATION IF UNDER 18 YEARS OF AGE

Date of Birth (mm/dd/yyyy): ____/____/____ Grade: _____

Parent/Guardian Information:

Names: _____

Email: _____ Phone Number: (____)____ - _____

Check here if same as above

Address: _____

City: _____ State: _____ Zip Code: _____

MEDICAL INFORMATION

Does the camper have any diet restrictions? If so please list: _____

Is the camper up to date on all immunizations? (circle one) Yes No

Are there any medical conditions you would like camp staff to be aware of: _____

Are there allergies you would like camp staff to be aware of: _____

Does the camper have prescribed medication along with him/her at camp? If so how are they to be administered? _____

Release of Tonto Rim Camp from Liability and Consent to Administer Care for the Camper:

Camp activities include, but are not limited to, hiking, swimming, skateboarding, mountain boards and scooters, horseback riding, low and high ropes course activities, target shooting, archery, off road carts and paintball adventure games. There are risks of physical harm or injury that could result from participating in adventure activities. I voluntarily elect to participate in the activities and assume the risks of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Tonto Rim Camp, its officers, employees and agents from liability for any injury or harm to me (or my minor) from participating in said activities. Parent/Guardian will be notified in the event of serious injury or illness, or minor injury or sickness requiring a stay of more than 24 hours in the Wellness Lodge. I also authorize Tonto Rim Camp to transport my child to and from activities that may take place away from Tonto Rim Camp. In addition, I give Tonto Rim Camp permission to search a camper's belongings, with the camper present, when the health, well-being, or safety of the camper or others requires it. I further release the use of my likeness, voice, and words in video, film, and print to Tonto Rim Camp. I have read and understand this release of liability.

The undersigned do hereby authorize the Directors of Tonto Rim Camp, as agents for the above named camper, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor/myself which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act or any dentist under the Dental Practice Act, at a hospital or elsewhere. Tonto Rim Camp is authorized to make decisions concerning the health and general welfare of a minor or if a camper is unable to make a decision due to serious injury or illness. I give permission to the medical personnel selected by the camp Director to provide routine health care, to administer medications, to release any records necessary for insurance purposes, and to provide or arrange necessary transportation for the above minor or myself. This authorization will remain in effect while the above minor is in the care of Tonto Rim Camp for an indefinite period unless otherwise revoked in writing by the undersigned and delivered to the Directors of Tonto Rim Camp. First aid and non-prescription medications including, but not limited to, acetaminophen, ibuprofen, Cortaid, Calamine, Imodium AD, and Pepto-Bismol will be administered according to directions on the container, to the above mentioned minor at the direction of the Director of Tonto Rim Camp of their Health Care Representatives with the following exceptions:

None or Listed: _____

Signature (Parent signature required for under aged campers): _____ Date: _____

Tonto Rim Christian Camp Camper Scholarships / Arizona Food Program

Part 1. Please return to: Tonto Rim Christian Camp

Please List Name(s) of child(ren) attending camp (First, Middle Initial, Last) _____

SNAP, TANF or FDPIR case # (if any). **Skip to Part 4 if you listed a case #.**

Part 2. Foster Child

If one of your children is a Foster child please mark the box above, sign below, and then you are finished. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____ \$_____/_____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: ____-____-____-____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Mark one or more racial identities: Asian White Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___

Reason: _____

Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____