

# Registration Form

Version 030817

## BY MAIL

Send this form with \$50 non-refundable, limited transferable registration fee to

**LONGVIEW**  
1976 Genesee Road  
Arcade, NY 14009

## BY PHONE

864.915.9581 using MasterCard or Visa card

### Camper Information

Name \_\_\_\_\_  
First Last

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female Grade \_\_\_\_\_  
Next Sept. \_\_\_\_\_

Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip

E-mail \_\_\_\_\_

Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Home Church/City \_\_\_\_\_

Cabin Mate Request \_\_\_\_\_

### Parent/Guardian Information

*For campers under the age of 18*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

E-mail \_\_\_\_\_

### Emergency Phone Contacts

Primary ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary ( \_\_\_\_\_ ) \_\_\_\_\_

Office Use Only

Registered <input type="checkbox"/>	Signatures <input type="checkbox"/>
Contact Info <input type="checkbox"/>	Finances <input type="checkbox"/>
Camper Details <input type="checkbox"/>	Receipt <input type="checkbox"/>
RTM	Date

### Camp and Payment Information

Camp Name/Code:	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash
Camp Date:	Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Cost of Camp: <small>How many x cost</small> _____ x _____ =	\$ _____ Signature _____
Lodging Upgrade Code:	\$ _____ Name (printed) _____
Extra Options:	\$ _____ Card Billing Address (if different than above) _____
Discount Code:	-\$ _____ City State Zip
Total:	\$ _____ Card # _____
Amount Enclosed Registration fee is required	\$ _____ Expiration Date: _____ *V-Code # _____

### Other Family Members Registering

*(only for children attending with parents)*



\* The V-code is the last three numbers printed on the

#1 Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Boy ☐ Girl

#2 Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Boy ☐ Girl

#3 Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Boy ☐ Girl

# PARTICIPATION, RELEASE, AND MEDICAL AGREEMENT

**While we make every effort to provide a safe and pleasant environment for every camper who attends Longview, we do require that this participation agreement be read, filled out, signed, and dated by all campers (or their parent/guardian if under the age of 18) who wish to participate in activities at Longview.**

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself, my spouse, or my child while participating in Longview activities. I give permission for my child to participate in activities that occur at Longview. These activities may include, but are not limited to, swimming in the lake, canoeing, high ropes course, archery, riflery, paintball, horseback riding, and strenuous competition games.

Although Longview has taken reasonable steps to provide equipment and skilled employees so yourself, your spouse, or your child can participate in activities for which he/she may not be skilled in, we do remind you that these activities are not without risk. Certain risks cannot be eliminated due to our camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Longview reserves the right to use any audio, video, and/or photography of guests or campers participating at Ironwood facilities.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Longview, its officers, board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Longview. This release does not apply to intentional and/or willful acts of misconduct by Longview or any of its officers, board, agents or employees.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these

## MEDICAL INFORMATION

Health or Behavioral Conditions: \_\_\_\_\_

\_\_\_\_\_

Drug Allergies or Other Allergic Reactions: \_\_\_\_\_

Dietary Needs/Restrictions: \_\_\_\_\_

Medication Taken Regularly: \_\_\_\_\_

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

*I give permission for myself or my child to attend camp at Longview. I understand that my personal insurance will provide primary coverage*

*for medical aid and that Longview will provide excess coverage. I also understand that if myself or my child must be sent home because of disciplinary or other problems, I will assume the additional transportation cost. IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the camp director or his agent to hospitalize, secure proper treatment for, and order injection, x-ray, anesthesia, or surgery for myself or my child as named previously.*

*Myself or my child is immunized against the following according to H.E.W. standards: Polio, Measles, Mumps, Rubella, Diphtheria, Tetanus, and Whooping Cough. (Please notify the camp if this child has been exposed to any communicable disease during the two weeks prior to camp attendance.)*

☐ *Myself or my child is not immunized.*

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

☐ *Myself or my child is not covered by insurance.* Date of Last Tetanus Shot \_\_\_\_\_

**Adult Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Parent/Guardian signature required for those under age 18*