



OAKCREST GIRLS CAMP Signature Form

Week #-Stake #: _____

Camp Dates: _____

Home Stake: _____

Camper: _____

Roommate(s): _____

Bishop: In signing below, you acknowledge that you will be the contact person for ecclesiastical or disciplinary actions.

Bishop's Signature: _____ Printed Name: _____

Bishop's Cell Phone: _____

YWLeader/Bishop Comments: _____

Policy information and Consent: *(Please read and sign below.)*

- My camper and I acknowledge that we have read the published camp information and policies found in the "About Oakcrest" form, and we agree to abide by these policies. We understand that failure to do so may result in the camper being sent home from camp.
- If my camper is unable to attend after her fee has been paid, we understand that Oakcrest does not issue refunds. If we find an eligible camper to go in her place, it is our responsibility to obtain fee reimbursement from her. Oakcrest Registration must receive the replacement camper's registration no later than two weeks prior to the camp date.
- I give permission for appropriate photographs and/or videos to be taken of my camper while at camp to serve as information or publicity for future camps.
- I understand that my camper will be participating in physical activities that include a zip-line, an obstacle course, target shooting, hiking, a foam slide, and a giant swing and give my permission for her to do so. We understand that there is a certain amount of risk inherent in the activities that are part of the camp experience, and we accept these risks unless otherwise noted on the online registration form.
- I understand that my camper will be doing an online indexing project and will be accessing this through her familysearch.org account.
- In the event of illness or injury occurring to my camper at Oakcrest, I give permission for the staff to administer basic first aid. Should further treatment be required, I consent to the release of provided medical information, as needed. I also consent to medical treatment considered necessary in the best judgment of the attending physician, performed by or under the supervision of a member of the medical staff at the hospital/clinic providing medical services. It is understood that in the event of serious illness or injury, attempts will be made to reach me at the phone numbers provided on the registration form. If my camper needs care from a hospital or clinic, I will promptly pick her up from camp. If that is not possible, or if help is needed sooner than I can arrive, I understand that my daughter will be transported by ambulance to the appropriate medical facility. I agree to either meet her there myself or send an adult family member to meet her at the hospital/clinic. Oakcrest staff will then turn her care over to me or that family member. I understand that there are no licensed medical staff at Oakcrest.
- I understand that all medications must be in their original containers, with dosage instructions clearly legible, and that all prescription medications will be stored in the first aid office (with the exception of epipens, diabetic medication/supplies, and inhalers).
- I testify that all of the information on the registration form is correct to the best of my knowledge. I have described all dietary issues, physical/emotional problems, and/or chronic illnesses. I understand that all campers must be self-care in order to attend camp.

Camper's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____