



# Monroe Camp and Retreat Center

24501 Camp Monroe Rd. · Laurel Hill, NC 28351  
 (910) 276-1654 · www.MonroeCamp.org

## 2024 Community Camp Registration Form

### Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: Male / Female (circle one)  
 T-Shirt Size: Youth (S,M,L) or Adult (S, M, L, XL, 2XL)

### Family Information

Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Secondary Contact/Emergency Contact Information

Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Insurance Information

Insurance Company:	
Phone Number:	
Reference Number:	
Name on Insurance:	

### Medical

Medicines	
<input type="checkbox"/> Will your camper needs medicine overnight at Camp Monroe	YES / No
Medication List	
Medication 1      AM/LUNCH/PM	Name: _____ Dose: _____
Medication 2      AM/LUNCH/PM	Name: _____ Dose: _____
Allergies	
<input type="checkbox"/> Does your camper have allergies we need to know about?	If Yes: What?
Conditions we need to be aware of:	
<input type="checkbox"/> Examples: allergies, epi pen, ADHD, special needs, etc.	
Dietary Restrictions:	



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**GENERAL PROGRAM RELEASE FOR CAMP ACTIVITIES**

I \_\_\_\_\_, (parent/guardian) wish for my child,  
\_\_\_\_\_ (child’s full name) to participate in Monroe Camp and  
Retreat Center, Inc.’s summer camping program through its camp, in Laurel Hill, N.C.

I AM HERBY ADVISED by the Staff of Monroe Camp and Retreat Center, Inc. of the following in regards to the summer camping program: (Initial by each statement.)

- \_\_\_\_\_ That the camp environment is a unique setting for humans and nature to interact.
- \_\_\_\_\_ That certain natural hazards may exist at camp because of its unique environmental setting. Those natural hazards may include but are not limited to: snakes, spiders, heat, poison ivy, mosquitoes, and other various insect bites.
- \_\_\_\_\_ That the following activities are offered as recreation at camp: swimming, hiking off-site and on-site, canoeing, cooking-out, fishing, and playing active games both indoors and out. These and other approved camp activities not listed here under rare conditions, may pose injury risks to the participants.
- \_\_\_\_\_ That off-site hikes may require the use of a van to transport campers. These vans will be driven by camp staff over the age of 21 who will manage the safety of the transportation within its reasonable powers.
- \_\_\_\_\_ That the Monroe Camp & Retreat Center staff and its representatives will manage the safety of the environment within its reasonable powers.
- \_\_\_\_\_ That special activities such as horseback riding and ropes course activities separate release forms.

I have been fully advised of the nature of the summer camping program I and my heirs hereby fully release and hold harmless, Monroe Camp and Retreat Center, Inc. and its camp, its employees and representatives, from any and all claims, losses, liabilities, demands, actions and causes of action that might mature or accrue subsequent to the date of this release on the account of, Monroe Camp and Retreat Center during the summer. In addition, I am aware the likeness of my child can be used as required by Monroe Camp and Retreat Center.

I have carefully read and understand this release, and have had the opportunity to ask questions about this release and all such questions have been fully answered. With full knowledge of its contents I hereby sign this release voluntarily on behalf of my child who is a minor.

Participant’s Name: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## Adventure Program Waiver (Zip Line, Giant Swing, Climbing Tower, Aerial Course)

I \_\_\_\_\_, (**parent/guardian**) wish for my child, \_\_\_\_\_ (**full name**) to participate in Monroe Camp & Retreat Center, Inc.'s Adventure Program through its camp, in Laurel Hill, N.C.

**I AM HERBY ADVISED** by the Staff of Monroe Camp and Retreat Center, Inc. of the following in regards to the Adventure Program: (Initial by each statement.)

\_\_\_\_ That I am (or my child is) to follow all safety directions provided by the challenge course staff (facilitators).

\_\_\_\_ That when instructed to do so by the staff, I (or my child/ward) must wear the appropriate safety equipment, which shall include: climbing safety harness, static belay safety lines, climbing helmet.

\_\_\_\_ That challenge course activities are led by trained facilitators, who will instruct participants in safety guidelines and practices such as spotting, climbing commands and other instructions appropriate to the challenge course setting.

\_\_\_\_ That all activities on the course are "challenge by choice", which means a participant will be encouraged to go one step beyond their "comfort zone", but will have the right to stop their own participation at any time.

\_\_\_\_ That participants shall be responsible for their own physical and emotional safety, as well as the physical and emotional safety of the group.

\_\_\_\_ That participants shall not start an activity on the course without the supervision of a trained facilitator (staff).

\_\_\_\_ That all activities on challenge course are physically demanding and potentially dangerous, and that following all safety instructions will reduce the risk of injury, BUT will not eliminate the risk of injury. Such activities may include climbing on others and lifting others.

\_\_\_\_ That a challenge course is a series of events, which may or may not take place on structures made of wood, cable, and ropes. A challenge course is designed to be physically and emotionally demanding. Some events may be low to the ground (low initiatives), while other events may be high off the ground (high initiatives).

I have been fully advised of the nature of a challenge course. I acknowledge that once I (or my child) choose to participate in the events, I am (they are) exposed to possible risk of injury inherent with challenge courses. The ropes course staff (facilitators) will instruct me (or my child) in safety procedures. They (the facilitators) are trained in ropes course safety. I am also aware that the facilitators may ask me to sit out of part or all of the course if they feel my conduct is a risk to the group. This will in no way entitle me to a refund.

I and my heirs hereby fully release and hold harmless MONROE CAMP AND RETREAT CENTER, INC. and its camp, its employees and representatives, from any and all claims, losses, liabilities, demands, actions, and causes of action that might accrue subsequent to the date of this release on the account of, connected with, or growing out of participation in The Adventure program at Monroe Camp and Retreat Center.

I have carefully read and understand this release, have had the opportunity to ask questions about this release and all such questions have been fully answered. With full knowledge of its contents I hereby sign this release voluntarily on behalf of myself (or my child who is a minor.).

Participant Signature (if 18 years or older): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if participant is a minor): \_\_\_\_\_ Date: \_\_\_\_\_