

Group Name: _____ **Group Leader's Name:** _____

Personal Information

Name: _____ Date of Birth: _____ Grade: _____
Circle: Male / Female Camper's Email _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Parent/Guardian #1: _____ Contact Number: _____
Circle: Cell / Home Parent/Guardian #1 Email: _____

Parent/Guardian #2: _____ Contact Number: _____
Circle: Cell / Home Parent/Guardian #2 Email: _____
Emergency Contact (if parents are not available): _____
Relationship: _____ Phone #: _____

Medical Information

Known allergies (to food, medication, other): _____

Medications being used: _____

Restrictions to Activity: _____

Insurance Information

Insurance Company: _____
Policy # _____ Group # _____
Name of Policy Holder: _____
If no insurance, I agree to pay for any necessary treatments: _____
(parent/guardian signature)

PERMISSION STATEMENT

I understand and certify that my child's participation in Tuscarora Inn and Conference Center's TUNDRA activities is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating. I acknowledge that although Tuscarora Inn and Conference Center has taken safety measures to minimize risk, no guarantee can be made that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the Tuscarora Inn and Conference Center rules, regulations and procedures for the safety of camp participants. In an emergency, I hereby give permission to the physician or hospital selected by Tuscarora Inn and Conference Center to hospitalize, secure the proper diagnostic, laboratory and radiological procedures, and to order any necessary medications, injections, anesthesia, intravenous therapy or surgery for my child as named above. By signing, I also grant permission for any photos taken of the child named above to be used in Tuscarora Inn and Conference Center promotional materials.

To be signed by parent/guardian for those under 18

Date

Group Name: _____ **Group Leader's Name:** _____

Personal Information

Name: _____ Date of Birth: _____ Circle: Male / Female
Email: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Emergency Contact: _____
Relationship: _____ Phone #: _____

Medical Information

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If no insurance, I agree to pay for any necessary treatments: _____

(signature)

PERMISSION STATEMENT

I understand and certify that my participation in Tuscarora Inn and Conference Center's TUNDRA activities is completely voluntary and I have familiarized myself with the camp's program and activities in which I will be participating. I acknowledge that although Tuscarora Inn and Conference Center has taken safety measures to minimize risk, no guarantee can be made that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the Tuscarora Inn and Conference Center rules, regulations and procedures for the safety of camp participants. By signing, I also grant permission for any photos taken of me to be used in Tuscarora Inn and Conference Center promotional materials.

To be signed by participant

Date

TUNDRA 2024 LEADER SAFETY FORM

One of Tuscarora Inn and Conference Center's main areas of concern is the safety of our guests and campers—whether emotional, physical, or spiritual. We ask that you, as your group's main leader, help us

make Tuscarora a safe place for campers to experience transformative life experiences by thoroughly screening your leaders.

By signing below, you acknowledge that you have assessed your group's leaders, of any age, for TUNDRA and they have all been approved to serve in youth ministry according to your church's safety practices, which may include an interview, reference checks, and/or a background check.

Group Leader's Name (Printed)

Group Name

Group Leader's Signature

Date

MEDICALLY NECESSARY SPECIAL DIET REQUEST FORM

Please print all information and return one week prior to arriving at Tuscarora by scanning and emailing the form to sara@tuscarora.org

Guest Name: _____ Phone number: _____

Group Name: TUNDRA

Retreat start date: January _____, 2024 Retreat end date: January _____, 2024

First meal: Friday Buffet Last meal: Sunday mid-day lunch

Please note that we do not provide substitute meals for breakfast because, in addition to the family style meal, we offer a buffet with cereal, bagels, fruit, and yogurt. A full salad bar is provided at lunch.

Please indicate your medical restriction below, noting any specifics the chefs must be aware of:

- | | |
|---|---|
| <input type="checkbox"/> Vegan: _____ | <input type="checkbox"/> Lactose intolerant: _____ |
| <input type="checkbox"/> Vegetarian: _____ | <input type="checkbox"/> Food allergies: _____ |
| <input type="checkbox"/> Pescetarian: _____ | <input type="checkbox"/> Other medical restrictions _____ |
| <input type="checkbox"/> Gluten free: _____ | _____ |

This form is to aid our chefs in better serving you as our guest. It is the responsibility of each guest, when appropriate, to complete this form and email to group@tuscarora.org two weeks prior to your arrival. We will do our best to fulfill any requests received within the two week period.

Informing Tuscarora of all **medically necessary** dietary needs such as lactose intolerance, gluten allergies, and severe food allergies will help us to make your stay more enjoyable. We are unable to meet the needs of soy allergies, diabetic diets, low salt/sodium and special diets that are a matter of personal preference, such as low carb or no fat diets. Please know that you are welcome to bring pre-prepared foods that meet your personal dietary needs such as gluten free or dairy free products!

It is the responsibility of each guest to manage their diet. Our menu will be posted in the Registration Office and we invite you to discuss your needs with one of the chefs. As a matter of health and safety, guests with medically necessary dietary needs, particularly those with severe allergies, should speak with the Dining Room Host(ess) at each meal to confirm that all dietary needs have been addressed.

IMPORTANT REMINDERS

Permission Slips

We can only accept Tuscarora Inn and Conference Center permission forms, not church or youth group permission forms. Every attendee must fill out their own individual Tuscarora Inn and Conference Center Information and Release Form. **Anyone over 18 should complete a LEADER form (even if they are attending as a camper). Anyone under 18 should complete a CAMPER form**