

Lutherhill Camp & Retreat Center & KJT Camp

Information Form

Group Name: Catholic Union of Texas, the KJT

Each camper must submit an application completed by the camper's parent/legal guardian and signed by them. Any changes to this form should be provided to camp health personnel prior to camper's arrival in camp.

Provide complete information so that the camp can be aware of the camper's needs.

Camper Information

Camper Name _____ Birthday ____/____/____ Age at Camp _____
Last First Middle

Home Address _____
Street Address City State Zip

Camper's Email Address _____ Gender: Male Female

Custodial parent/guardian _____ Phone (____) _____

Home address _____ Mobile (____) _____
(If different from above) *Street Address City State Zip*

Business Address _____ Phone (____) _____
Street Address City State Zip

Second parent/guardian or emergency contact _____ Phone (____) _____

Home address _____ Mobile (____) _____
(If different from above) *Street Address City State Zip*

Business Address _____ Phone (____) _____
Street Address City State Zip

If not available in an emergency, notify _____ Phone (____) _____

Relationship _____ Mobile (____) _____

Home Address _____ Bus. Phone (____) _____
Street Address City State Zip

Medical Questionnaire

Allergies List all Known.

Medication Allergies (list)

Food Allergies (list)

Other Allergies (list) - Include insect stings, hay fever, asthma, animal dander, etc.

Medications Being Taken

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes **No medications** on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	18. Do you have problems with joints, arthritis, or back pain (ex., knees, ankles)?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have any skin problems (ex. itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery due to organ transplant or serious injuries?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	24. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?.....	<input type="checkbox"/>	<input type="checkbox"/>	25. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	26. If female, have an abnormal menstrual history?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever fainted during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had a seizures (what caused them)?.....	<input type="checkbox"/>	<input type="checkbox"/>	29. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Are you a smoker?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had or currently have heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	31. Any disabilities or chronic recurring illness?	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	32. Do you ever feel faint or have spells of dizziness? .	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever been diagnosed with a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>			
17. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the questions. _____

Immunization History is REQUIRED for registration: Please attach record or complete information below.

Which of the following has the participant had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Covid 19
- TB Mantoux Test
- Date of Last test _____
- Result: Positive Negative

Please give all dates of immunization for:

Vaccine:	Mo/Yr of basic immunization	Mo/Yr of last booster
DTaP (Diphtheria, Tetanus, Pertussis)	_____	_____
Polio	_____	_____
Pneumococcal	_____	_____
Haemophilus influenza B	_____	_____
Tdap (Tetanus, Diphtheria after age 11)	_____	_____
Hepatitis B	_____	_____
Rotavirus	_____	_____
Hepatitis A	_____	_____
MMR (Measles, Mumps, Rubella)	_____	_____
Varicella (chicken pox)	_____	_____
Meningococcal	_____	_____
Covid 19	_____	_____

Mental, Emotional and Social Health (Check "Yes" or "No" for each statement)

Has the camper:

- 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?..... Yes No
- 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
- 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
- 4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information. Please provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware not listed above.

Health-care Providers

Name of campers primary physician _____ Phone _____

Name of campers dentist _____ Phone _____

Name of campers orthodontist _____ Phone _____

Name of Health-Insurance provider _____ Phone _____

Policy number _____

Camper Name (Print): _____

Parent Signature: _____

Date: _____

Medication Log Sheet for _____

D.O.B: _____

Known Drug Allergies: _____

Prescribed Drug Name: _____

Date	Time	Dosage	Notes:

Food Allergies:

Camper Name: _____

Lutherhill Camp & KJT Camps Agreement for Health Screening

ACA Accreditation Camp Health Screening

To sustain ACA accreditation, each camper/staff must undergo a health screening for camp. The mandatory health screening, that include screening for infectious disease (Covid-19) will be conducted by a qualified staff member for all campers/staff upon arriving to camp. The screening (in which a parent/legal guardian will be present) will involve an overall questionnaire on the health of the camper/staff. We will also screen campers/staff for bumps, cuts, bruises, athlete's foot, take the camper/staff temperature (via handheld temperature reader) and also check for headlice.

Pre-screening campers/staff member *prior* to camp will help prevent outbreaks and the spread of illness. We ask that parents/legal guardians perform their own pre-screening of their campers before arriving to camp. Check your camper for the following:

- Does the camper/staff show signs & symptoms of infectious disease or Covid-19? (see KJT Sickness Policy, Procedures and Infectious Disease Protocol for list of signs & symptoms for Infectious Disease & Covid-19).
- Has the camper/staff exhibited symptoms such as nausea, vomiting, or diarrhea within the last 24 hours?
- Does the camper/staff have any elevated temperature of 100 degrees Fahrenheit (F)?
- Does the camper/staff display other transmissible conditions (i.e. lice, pink eye) etc.?
- Does the camper/staff have any bumps, cuts or bruises from previous activities that could become infected while at camp?

It is extremely important that campers and staff members be prevented from coming to camp with ill or transmissible conditions. When a relatively large group of people are in a close proximity to each other, like at camp, it provides the perfect environment for the spread of illness. The spread of illness can be prevented through good hygiene practices. Staff and campers will be encouraged to thoroughly wash their hands frequently as needed, particularly after using the restrooms and before handling food.

In the event our qualified staff find any of the conditions listed above, that could cause the spread of an illness or any kind of transmissible condition, the camper/staff member *will not be permitted to attend camp for the current year, as dated.*

For any further questions or concerns, please contact the KJT Home Office at 979-968-5877 or [info@kjt.net.org](mailto:info@kjt.net).

Your signature below indicates your agreement with the Lutherhill Ministries & KJT Camps Health Screening policies and procedures as set out above and/or as subsequently supplemented or amended.

Parent Signature: _____ Date: _____



KJT
Catholic Union of Texas

KJT Camper's Name: _____

**KJT Summer Camp
Sickness Policy, Procedures, and Infectious Disease Protocol**

Campers should not be taken to camp if they have any of the following conditions.

- Tested positive for Covid 19 or another Infectious Disease (within 14 days of the start of camp)
- Shown any signs & symptoms of Covid-19 or another Infectious Disease (See below signs & symptoms list)
- Elevated temperature (100 degrees or above for more than 2 hours)
- Diarrhea or vomiting (more than 2 hours)
- Undiagnosed rash
- Sore or discharging eyes or ears, profuse nasal discharge.
- Diagnosed contagious diseases such as strep throat or chicken pox (or have been under physicians' care within 48 hours of camp drop-off).

- Please note: A child who is sick and has met the criteria to be sent home from camp, will only be given Junior Strength Pain Reliever or Children's Ibuprofen while the child awaits parent pick-up. Child's parent will need to verbally authorize (via telephone) for such action if they have not given authorization by signing the following form.

Signs & Symptoms of Covid-19 and Infectious Disease:

Cough	Chills
Repeated Shaking w/ chills	Shortness of breath or difficulty breathing
Headache	Muscle Pain
Sore Throat	Loss of taste or smell
Diarrhea	Feeling feverish or Elevated Temp (100.0f +)
Known close contact w/ a person who is lab confirmed to have Covid-19 if exposure to the test-confirmed case occurred within the last 14 days.	

Please see the attached KJT Summer Youth & Teen Camp Infectious Disease & Covid-19 Protocol

Children who are sent home from camp due to sickness will be provided with a place to rest comfortably and their parents or guardians will be called to pick up their child. Parents or guardians will be notified to come and pick up their child by the designated medical person. In more serious cases, KJT may seek hospital treatment and the parents will be phoned to meet a member of staff and their child at the hospital. Parents are asked to pick up a child who has become sick within 8 hours of being notified by the camp's designated medical person.

If your child shows a sign or symptom of Covid-19 (see list of Signs & Symptoms of Covid-19), may our trained representative administer the Covid-19 test to them? If yes, please sign below.

Yes

No

X

If your child should need Anti-Itch Cream (external) due to a rash or bite, may we administer the appropriate dose to them? If yes, please sign below.

Yes

No

X

If your child should need Junior Strength Pain Reliever or Children's Ibuprofen for fever or a headache, may we administer the appropriate dose to them? If yes, please sign below.

Yes

No

X

If a parent (or legal guardian) does not sign above, then we will only administer Junior Strength Pain Reliever or Children's Ibuprofen and/or Anti-Itch Cream while child awaits parent pick-up with parental verbal authorization.

IMMUNIZATION POLICY

It is the policy of Catholic Union of Texas, The K.J.T. that every camper must be immunized against vaccine preventable diseases caused by infectious agents in accordance with the immunization schedule adopted by the Texas Department of State Health Services. A camper who fails to present the required evidence shall not be eligible to attend camp. The only exception to the foregoing requirement is a medical exemption signed by a licensed physician (M.D. or D.O.) authorized to practice in the State of Texas, including the physician's license number. Conscientious objections or waivers do not qualify as exemptions to this policy.

Current immunization requirements can be found at:

www.immunizetexas.com

For current immunization information and minimum requirements, changes and explanations, contact the Immunization Division, Texas Department of State Health Services.

Phone: (512) 458-7284 ext. 2316 OR 1 (800) 252-9152

My signature below indicates that I have received a copy of the Immunization Policy. I acknowledge and agree that it may be possible that one or more campers and/or attendees may qualify for an exemption described above and therefore may not have received all of the required immunizations. I further acknowledge and understand that it is possible that my child may have contact with such individual(s).

I acknowledge that I have read and understand the Immunization Policy, and by signing below, I hereby certify that my child is in full compliance with such policy. I understand that my child will be excluded from camp if he or she is not in compliance with this policy.

Camper Name (Print):

Parent/Guardian Name (Print):

Parent/Guardian Signature:

Date:



KJT
Catholic Union of Texas

KJT Summer Camp Cellular Phone Policy:

Please know that your camper's safety is our #1 concern. To do this, we require that all cellular phones and other like devices be given to the KJT Camp Director for storage. With the multiple capabilities of mobile devices and the popularity of social websites, we must restrict the use of cellular phones and other like devices.

Cellular phones brought to camp will be checked in with the KJT Camp Director for safe keeping while at camp. The cell phone may be used by the camper in cases of essential emergency communication with parent(s) or legal guardian(s), upon approval by the KJT Camp Director. However, non-essential social calls will not be allowed. If a camper is found with a cellular phone in his/her possession, whether being used or not, the device will be given to the KJT Camp Director for storage until the device is returned to the camper's parent (upon camper pickup on Thursday).

Regardless of your camper checking in a cell phone, please sign below that you understand and agree to fully comply with the KJT Summer Camp Cellular Phone Policy.

KJT Camper's Name _____

Printed Name: _____ Date: _____

Parent/Legal Guardian

Initials: _____

Parent/Legal Guardian



KJT
Catholic Union of Texas

KJT Camper's Name(s): _____

KJT Camper Pick-Up Authorization

Mother's Name: _____

Father's Name: _____

Legal Guardian Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone#: _____

Cell #: _____

Person(s) authorized to pick up child in addition to parent or legal guardian(s):

**PHOTO I.D. OF AUTHORIZED INDIVIDUAL PICKING UP A CAMPER MUST BE PRESENTED
AT PICK UP**

In order to protect our camper(s), please note that if any person(s) arrives to pick up a KJT Camper and has not been given authority (named above), we will contact the camper's parent and/or legal guardian to verify the identity of the person in question.

FOOD ALLERGIES/RESTRICTIONS

Please list any food allergies or special dietary restrictions that you may have and return form to the KJT Home Office.

KJT Camper's Name _____

Initials: _____
Parent/Legal Guardian's

Lutherhill Camp & Retreat Center & KJT Camps

3782 Luther Hill Rd, La Grange, TX 78945

CAMP VISITOR AGREEMENT

To Visitors of Lutherhill Camp & Retreat Center & KJT Camps

This document must be signed by all visitors to Lutherhill Camp & Retreat Center & KJT Camps (collectively, "Camp") who are adults (eighteen years and older) and by parents or legal guardians (either, "parent") of visitors who are minors. By this agreement, certain legal rights are surrendered in the event of an injury, illness, or other loss to a visitor.

Visitor's Assumption of Risks, and Agreements of Release of Indemnity

In consideration of the opportunity to visit Lutherhill Camp & Retreat Center & KJT Camps and have access to its grounds, buildings, services, and/or activities, I hereby agree for myself and/or any minor child of mine who is a visitor ("the child"), as follows:

I acknowledge that Participation at Lutherhill Camp & Retreat Center & KJT Camps includes exposure to certain hazards. The environment of the camp including its rugged terrain, waterfront, and natural and man-made structures, and the activities which I and/or the child may participate (including, among others, swimming, boating, hiking, and other forms of recreation) can cause loss or damage to property, personal injury and in extraordinary cases, even death. In addition, the event which may be the purpose of me and/or my child's visit may itself present certain hazards and risks, including vehicle travel over the Camp premises, the use of certain Camp facilities and equipment and the services of Camp staff, all of which include the possibility of harm or loss to me and/or the child.

I acknowledge that participation at Lutherhill Camp & Retreat Center & KJT Camps includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.

I understand (and have explained to the minor child, who also understands) that activities and movements about Camp, including participation in any event which is the purpose of the visit, may not be supervised by Camp Staff. I understand that except for intentionally wrongful conduct, Lutherhill Camp & Retreat Center & KJT Camps is not responsible for any loss which I and/or the child may suffer while at the Camp; and that visitors are at the Camp at their own risk, even if supervision is provided by the Camp. I understand and accept the risks of being at Camp and, if my child is a visitor, I have discussed the risks with my child, and the child understands and accepts them.

For myself and, if my child is a visitor, for that child 1) I acknowledge and assume all risks of my, and the child's, visit to the Camp, whatever the nature of those risks may be; 2) I release Lutherhill Camp & Retreat Center & KJT Camps, its owners, officers, directors, staff and contractor ("Released Parties") from, and agree not to sue them for, any claim which I and/or my child may have for injury, death, or other loss incurred during or in any way related to my or the child's visit to Camp; 3) I agree to indemnify (that is agree to defend and protect, including by paying liabilities, costs and attorney's fees) Released Parties from any and all claims which I, the child, and/or a member of my or the child's family, another visitor or any other person may have for any injury, death or other loss in any way related to my and/or the child's visit to the Camp. This acknowledgment and assumption of risks and agreements of release indemnity include losses and claims arising in whole or part from the negligence and gross negligence but not the intentionally wrongful conduct, of a Released Party.

I hereby authorize Lutherhill Camp & Retreat Center & KJT Camps, and those acting pursuant to its authority a nonexclusive grant to:

- Record my likeness and voice on video, audio, photographic, digital, electronic, online format or on any and all other media.
- Use my name in connection with these recordings.
- Use, reproduce, publish, republish, exhibit, edit, modify, or distribute, in whole or in part, these recordings in all media without compensation for any purpose that the Camp, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts. These recordings may appear in a variety of formats and media now available to the Camp and that may be available in the future.

Social media includes any website or forum that allows for open communication on the Internet. I shall not take any inappropriate images or recordings or engage in any conduct which could negatively impact the Lutherhill's Camp & Retreat Center & KJT's Camp reputation or that of any *Included Party*. I shall not take photographs, videos, or audio recordings in any format at any sanctioned Lutherhill Camp & Retreat Center & KJT Camps event, unless specifically authorized by the camp director. However, the use of cameras to take appropriate pictures of *Included Parties*, with their consent and for the personal and private use by such *Included Party* is **Not** prohibited.

I shall not submit to any interviews by any media representative without authorization from the camp director. I shall not create or participate in any Social Media site that can be associated in any way with Lutherhill Camp & Retreat Center & KJT Camps without authorization from the camp director.

I sign this agreement for myself and, to the maximum extent allowed by law, on behalf of any minor child of mine who is a visitor. Any dispute which I, and/or the child, may have with Lutherhill Camp & Retreat Center & KJT Camps or another Released Party will be submitted to mediation if not otherwise resolved; and any mediation or suit shall occur exclusively in Fayette County, Texas and shall be governed by the substantive laws (and not laws which might apply to those of another jurisdiction) of the State of Texas. If any part of this Agreement is deemed unenforceable by a Court or other appropriate authority, the remainder of the agreement shall remain in force and effect.

Date: _____, 20_____

Signature of Visitor

Please Print Name

Signature of Parent or Guardian of **Visitor Under 18**

Please Print Name