Welcome,

Thank you for booking your event with Alto Frio. We are thrilled that you have chosen to spend your time with us here on the Frio River and we are praying that God moves in incredible ways while you are here with us. In order to make your event run as smoothly as possible, we have put together a packet of all the forms and information we will need from you as well as the camp policies and materials you will want to have in order to make the most of your time with us. Each of the forms in this packet will need to be printed and filled out for every individual who participates.

As always, if you have any questions or concerns, please feel free to me at 830-232-5271 or by email at kim@altofrio.com.

God Bless,

Kim St.Clair, Guest Services Director
Event Checklist

Due 30 days after receiving the contract:
□ Signed Contract
□ Deposit

Due 1 week before the event
□ Description of Room Set-Up
□ Sound and A/V requirements
□ Event Schedule
□ Final Count for Group (used to calculate your meals and final bill)
□ List of special dietary needs

Due upon arrival
□ Housing List (must include first & last name and room)
□ Registration and dietary forms for each person
□ Challenge Course Forms (only if participating in Zip Line, Giant Swing, or Crate Stacking)
Individual Registration and Dietary Form

PERSONAL INFORMATION

Church Group: ___________________________ Event: ___________________________

Full Name: ___________________________ Phone: ___________________________

Address: ___________________________ City/State: ___________________________

Zip Code: ___________ email: _____________________________________________

Date of Birth: ___________________________

Emergency Contact: ______________________________________________________

Phone: ___________________________ Other Phone: ___________________________

DIETARY INFORMATION

Alto Frio is happy to provide dietary accommodations to anyone for whom it is medically necessary. However, due to the increased cost associated with providing individualized meals, there will be an additional $1.00 cost per person, per meal for any changes to the standard meals.

PLEASE CHECK THE APPROPRIATE BOX BELOW

☐ I DO NOT require special dietary considerations

☐ I DO require special dietary considerations because of a medical condition.

If you do require special dietary considerations for medical conditions, please list them below:

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**DISCLOSURE**

Challenge course programs involve a variety of activities that often include warm-ups, games, group initiative problems, and high and low ropes course elements. The level of participation in all challenge course activities is at all times completely voluntary and up to the individual’s choice. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

Policy for participation in the Alto Frio challenge course requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so they are prepared to respond appropriately if the need arises.

This information **will be read by your Alto Frio course facilitators ONLY and kept in strict confidence.**

**Part I. General Information (please print)**

1. Name ____________________________________________

2. Street __________________ City __________ State _____ Zip________

3. Home phone __________________ Alternate Phone ____________________________


8. Person to be notified in case of emergency __________________________________

9. Emergency contact phone number (home)_____________(work)_________________

**Part II. Medical Coverage & History**

1. Do you have health/accident insurance? □ YES □ NO

Name of Company __________________________ Policy # _______________________

2. Please check if you have or have had any problems with the following:

1. __ Problem with hearing – require hearing aid
2. __ Dizzy spells, fainting, convulsions
3. __ Shortness of breath, asthma on exertion
4. __ Chest pains on exertion
5. __ Heart problems
6. __ Low or High blood pressure
7. __ Hernia
8. __ Chronic pain in neck, back, shoulders, arms or legs
9. __ Broken bones, joint dislocations, serious sprains, weakness of muscles
10. __ Joint pains, swelling or stiffness without injury
11. __ Any severe injury to head, chest, internal organs
12. __ Any surgeries
13. __ Severe illness requiring hospitalization or prolonged incapacitation
14. __ Episodes of depression, anxiety, hysteria, nervousness
15  __ History of diabetes, thyroid trouble, bleeding problems
16  __ Currently on any medications?             If so, what?_______________________________________

If you marked any of the medical issues listed, please list details below according to item
number. Please be specific! ( e.g. Include item#, dates, history of condition,
medications,etc.)__________________________________________________________
________________________________________________________________________
________________________________________________________________________

Any other conditions that might effect your safe participation in this program? ________
________________________________________________________________________
________________________________________________________________________

Are you allergic to any of the following?
   Medications - ______________________________________________________
   Insect bites - _______________________________________________________ 
   Other - ___________________________________________________________ 

In your own words, give a brief description of your overall general health condition.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

RELEASE OF LIABILITY

I understand that parts of the Alto Frio challenge course program may be physically/
emotionally demanding. I affirm that my health is good, and that I am not under a
physician’s care for any undisclosed condition that bears upon my fitness to participate in
challenge course activities. I understand that the level of participation in these activities is
at all times completely voluntary and up to the individual’s choice. Also, I recognize the
inherent risk of injury or disability in challenge course activities and understand that each
participant must assume the risk of injury that could result from any of the activities. I
release Alto Frio Baptist Encampment and it’s staff members, principals, and board from
all liability for any injury to me from participation in Alto Frio challenge course
activities.

Date ______________

_______________________________________________________________
Participant’s Signature

Above name PRINTED __________________________________________________

Parent or Guardian’s Signature (if participant is under 18 years)
1. **Personal Responsibility**—Respect others and the camp. Any actions that may cause injury, damage, or harm to yourself, another person or the facility should be avoided.

2. **Safety**—Camp Sponsors are given guidelines and emergency procedures. Follow all facility and safety instructions given by Sponsors for your own personal wellbeing.

3. **Medical Protocol**—If a camp nurse is on duty, all personal medical prescriptions must be given to the Alto Frio Nurse at registration. The AF Nurse has oversight of all first aid and medical situations. Each camper must provide a completed and signed Medical Release Form at check-in.

4. **Property**—Each camp is assigned specific buildings and areas. Please go into those areas only. The River is not part of Alto Frio property. Campers should not go into the river unless part of a scheduled event.

5. **Curfew**—Curfew for camp activities is 12:00 midnight. All campers should be in assigned dorms by that time.

6. **Vehicle Usage**—Vehicles should be parked in designated areas during camp stay. Campers should not be riding in or on any vehicle including golf carts.

7. **Dress Code**—Dress while at camp should meet the highest Christian standards. Campers with clothing that is too revealing, with inappropriate messages, or draws unnecessary attention will be asked to change into appropriate clothing. Example: Two-piece bathing suits should be covered with a colored t-shirt. For personal safety, shoes should be worn outdoors at all times.

8. **Restrictions**—The following items/activities are prohibited:
   - Alcohol & any Illegal drugs
   - Smoking
   - Weapons of any kind
   - Fireworks
   - Pets
   - ATV, Skateboards, Rollerblades or skates
   - Public displays of affection

Alto Frio operates under an annual permit issued by the Texas Department of Health. We are required to operate according to the Texas Youth Camp Safety and Health Act. Our policies, rules and procedures reflect those requirements.