

REGISTRATION FORM

CAMPER NAME: _____

MALE FEMALE BIRTHDATE ____ / ____ / ____ AGE ____ GRADE JUST COMPLETED ____

PARENTS(S)/GUARDIAN(S) _____

ADDRESS _____

CITY _____ STATE ____ ZIP ____

HOME PHONE (____) _____ - _____ WORK/CELL PHONE (____) _____ - _____

EMAIL _____

HOME CHURCH _____

CABIN MATE CHOICE (CHOOSE ONLY ONE IF POSSIBLE) _____

T-SHIRT SIZE - (SHIRTS ARE ADULT UNISEX): S M L XL 2XL

ENCLOSED IS MY: PAYMENT IN FULL \$ _____ Deposit \$ _____

(Make checks payable to church you are going to camp with)

Check if you would like information regarding camp scholarships

Parent/Guardian Agreement

I, the undersigned parent/guardian, submit this information in order that my child may attend camp. I have made myself aware of the nature and extent of activities and represent to you the participant will be physically and mentally able to participate. I agree that should it be necessary for my child to return home due to medical reasons or disciplinary action, I will hereby assume all transportation costs. I understand this is an interdenominational Christian event and will have a spiritual emphasis. I give permission for camp to use any photo or video of my family in publications. I release my right to any kind of remuneration for said photos or videos. I, as parent/guardian, understand that every activity for youth does present a risk of injury or even death, rare as that may be, and I have advised the participant of those possibilities. I and the participant assume the risk and hold you, your agents, employees, and representatives harmless for any liability to any other person or entity arising as a result of the conduct of the participant in this activity. I also agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

PARENT/GUARDIAN SIGNATURE _____

DON'T FORGET TO FILL OUT BOTH SIDES 

EMERGENCY CONTACT INFO

EMERGENCY CONTACT _____ RELATIONSHIP _____

PRIMARY PHONE # (_____) _____ - _____ SECONDARY PHONE # (_____) _____ - _____

INSURANCE INFORMATION

HEALTH INSURANCE PROVIDER _____ GROUP ID/POLICY # _____

MEDICATIONS

All medications (including "over-the-counter" meds) must be turned into the camp medic at registration. No medications will be distributed without its ORIGINAL container.

MEDICATION _____ DOSE _____

CONDITION _____

INSTRUCTION _____

MEDICATION _____ DOSE _____

CONDITION _____

INSTRUCTION _____

HEALTH HISTORY

Health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence.

SEVERE REACTION TO FOOD OR BEE STINGS? _____ PLEASE EXPLAIN _____

ACTIVITY RESTRICTIONS DUE TO DISABILITY OR FOR MEDICAL REASON? YES NO IF YES, EXPLAIN _____

DO YOU HAVE ANY ALLERGIES? YES NO IF YES, EXPLAIN _____

ANY SPECIAL DIET NEEDS? (diabetic, food allergies, etc.) YES NO IF YES, EXPLAIN _____

OTHER MEDICAL CONDITIONS WE SHOULD BE AWARE OF? YES NO IF YES, EXPLAIN _____

MEDICATION PERMISSION

(please check all that you give the nurse permission to administer)

ACETAMINOPHEN IBUPROFEN ANTACID BENADRYL THROAT LOZENGES NEOSPORIN HYDROCORTISONE CREAM CALAMINE

ARE YOU ALLERGIC TO ANY MEDICATION? YES NO IF YES, EXPLAIN _____

EMERGENCY LIABILITY AND RELEASE

The health information recorded on this form is correct as far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand all activities are completely voluntary. I recognize the inherent risk of injury in camp activities including, but not limited to, swimming, archery, obstacle courses, and hiking. I understand that the camp has taken safety measures, including having certified staff in CPR, first aid, and water safety and making every effort to aid the safety of all camp staff and campers. However, I recognize that the camp cannot ensure or guarantee the participants, equipment, grounds, and/or activities will be free of accident or injuries. I am aware of (or have instructed my minor child) the importance of knowing and abiding by the camp rules and regulations, and I voluntarily waive any liability claim against the camp and camp personnel for damages, attorney fees, or expenses arising out of, or in connection with, any activities of the above organization. I understand transportation to and from camp (and any liability thereof) is the responsibility of myself or my minor child, and not of the camp or staff.

I hereby grant permission for myself (or my child) to receive first aid and emergency treatment by the camp medic in the even of illness or injury, or by the hospital emergency room in case I cannot be reached immediately. This completed form may be photocopied to have a set available for transportation records and for the office.

SIGNATURE _____ DATE _____ PRINTED NAME _____