

Name _____ Circle: Male/Female

Home Address _____

City/State/Zip _____

Email _____

Age _____ Date of Birth ____/____/____

Grade Completed _____ Graduation Year _____ Camp Attending _____

Home Church _____ Pastor Signature _____

Parent/Guardian _____ Home Phone (____) ____ - ____ Cell Phone (____) ____ - ____

Alternate Contact in Case of Emergency: Name _____ Relation to Camper _____

Address (City/State/Zip): _____ Phone (____) ____ - ____

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the doctor selected by the Camp Director, or his agent, to hospitalize and secure proper treatment, including surgery, for my child. I have included a current copy of both sides of my insurance card.

Parent/Guardian Signature _____ Date _____

Signatures by the camper and parents indicate: (1) a willingness of the camper to obey the policies of the camp and to follow instructions given by the camp dean and counselors and (2) guardians will be held financially responsible for any willful destruction of camp property.

Signature of Camper _____ Date _____

(initial) _____ I do not permit pictures of my camper to be used in promotional materials (Camp website, newsletter, etc.)

DO NOT WRITE IN THIS SPACE

Registrar Received _____ Date _____

Balance Received _____ Date _____

MEDICAL HISTORY (MUST be completed prior to day of registration)

Name _____ Age _____

Med. Ins. Co. _____ Policy No. _____

Last Tetanus Shot (date) _____

HEALTH HISTORY

_____ Diabetes _____ Emotional/Behavioral Problems _____

_____ Asthma _____ Serious Illnesses _____

_____ Seizure Disorder _____ Serious injuries _____

_____ Heart problems _____ Operations _____

ALLERGIES

_____ No

_____ Yes (Please specify if related to medications, insects, latex, foods, etc. WITH reactions)

PERMISSION TO ADMINISTER THE FOLLOWING:

_____ Tylenol	_____ Ibuprofen	_____ Tums/Roloids
_____ Pepto-Bismol	_____ Benadryl	_____ Midol
_____ Hydrocortisone Cream	_____ Calamine Lotion	_____ Antibiotic Ointment

Please do NOT give my child the following: _____

CURRENT MEDICATIONS

(Medications may only be administered if in the ORIGINAL prescription bottle)

Medication	Dosage	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Please bring inhalers and Epi Pens**

(I certify that the above child is free from communicable diseases)

Parent's Signature _____ Date _____