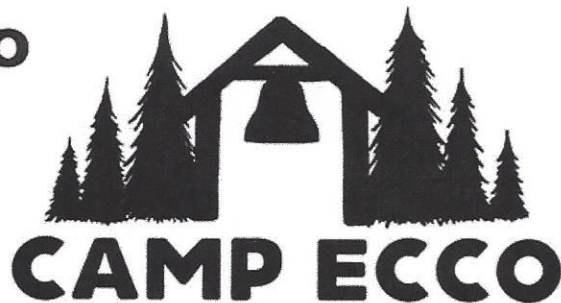


Welcome to



Let the Summer Begin!

Name _____ Circle: Male/Female

Home Address _____

City/State/Zip _____

Email _____

Age _____ Date of Birth ____/____/____

Grade Completed _____ Graduation Year _____ Camp Attending _____

Home Church (If Applicable) _____

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

Cell Phone (____) _____ - _____

Alternate Contact in Case of Emergency: Name _____

Relation to Camper _____

Address (City/State/Zip): _____

Phone (____) _____ - _____

DO NOT WRITE IN THIS SPACE

Register Received _____ *Date* _____

Balance Received _____ *Date* _____

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.)**

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

If you have any questions when completing this form, please contact the Camp Board Secretary at jessiej2989@gmail.com and she will submit your question to the appropriate individual.

Name _____ Age _____

Med. Ins. Co. _____ Policy No. _____

Last Tetanus Shot (date) _____

HEALTH HISTORY (Please circle yes/no for each)

- | | | | |
|--------|---|--------|-----------------------------|
| Yes/No | Diabetes | Yes/No | Heart problems |
| Yes/No | Asthma | Yes/No | Serious Illnesses/Injuries: |
| Yes/No | Seizure Disorder | Yes/No | Surgeries: |
| Yes/No | Allergies (Specify if related to medications, insects, latex, foods, etc. WITH reactions): | | |
| Yes/No | For our camp staff to better assist your child this week, does he/she receive any additional support at school? Ex. IEP/special education services, 504 accommodations: | | |

Yes/No Does your child have difficulties in new settings? Home sickness?

Yes/No Has your child been the victim of bullying?

We are so sorry, but our camp is limited in the amount of care that we can give students with special needs. Please explain any special needs your child may have so that we may follow up with you:

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**

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

Parent's Signature _____ Date _____