

## Winter Camp 2018 Registration Form

Camper's Name \_\_\_\_\_ Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian's Home Phone \_\_\_\_\_

Parent or Guardian's Work Phone \_\_\_\_\_

This registration form has been provided to register your child for camp and to inform you of the guidelines and activities that will apply during your child's stay at Stone Church Youth Winter Camp.

### Medical Consent

I/we authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my/our child's health, and it is not advisable to take the time to contact me/us in advance. I/we waive my/our right to informed consent for such treatment and grant permission to an authorized representative of Stone Church to authorize reasonable medical care for my child if necessary.

I/we give my/our permission at the nurse's direction, to administer (please mark the applicable box/s)

- |   |                          |
|---|--------------------------|
| Acetaminophen (such as Tylenol)               | <input type="checkbox"/> |
| Ibuprofen (such as Advil)                     | <input type="checkbox"/> |
| Antacid (such as Tums)                        | <input type="checkbox"/> |
| Anti-diarrhea products (such as Pepto Bismol) | <input type="checkbox"/> |
| Other (specify) _____                         |                          |

to my child, \_\_\_\_\_ (Child's name).

Moreover, I/we understand that temporary emergency measures may be necessary to safeguard my/our child's health, and do hereby authorize and request Stone Church personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my/our child can be safely transported to a doctor or hospital and I authorize reasonable medical care for my child if necessary.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2016

Parent or Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### Health Information

Name of Medical Insurance Company: \_\_\_\_\_

Mailing Address of Medical Insurance Company: \_\_\_\_\_

Name of employer through which family's medical insurance is provided: \_\_\_\_\_

Employer's group medical insurance account number: \_\_\_\_\_

IF CAMPER SUFFERS FROM ANY OF THE FOLLOWING, PLEASE IDENTIFY:

- |                     |                          |
|---------------------|--------------------------|
| Heart trouble       | <input type="checkbox"/> |
| Diabetes            | <input type="checkbox"/> |
| Skin Trouble        | <input type="checkbox"/> |
| Fainting Spells     | <input type="checkbox"/> |
| Lung Trouble        | <input type="checkbox"/> |
| Ear Trouble         | <input type="checkbox"/> |
| Allergies (specify) |                          |

Medical Allergies No Yes (if yes, specify) \_\_\_\_\_

Is the Camper Allergic to insect bites? No Yes (if yes, specify) \_\_\_\_\_

Date of last Tetanus Shot (DPT or T2) \_\_\_\_\_

Other Health Concerns \_\_\_\_\_

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### **Camp Agreement**

I/we understand and have explained to my/our child that his/her attendance at this camp is a privilege, not a right, and is conditioned on his/her acceptable behavior. I/we realize that camp is something that will substantially benefit my/our child, and behavior that contravenes the following guidelines may result in his/her dismissal from camp in the Ministry's sole discretion. In consideration of the benefits of this camp to my/our child (camper) and other good and valuable consideration, receipt of which is hereby acknowledged, I/we agree to the following: (camper and parent must initial next to each statement)

#### **Camper and Parent must initial the following:**

\_\_\_\_ Camper will abide by all camp regulations.

\_\_\_\_ Campers are not permitted to leave the campgrounds without the Director's consent.

\_\_\_\_ Camper (and his/her parent/s) will be held accountable and responsible to pay for any destruction of property that he/she causes.

\_\_\_\_ Campers are required to attend all meals, classes, activities, and services.

\_\_\_\_ Camper will wear modest clothing at all times.

\_\_\_\_ This is a closed camp. No visitors or special guests will be allowed while camp is in session.

### **General Release and Consent**

I/we the undersigned parent(s) or guardian(s) of \_\_\_\_\_ am/are aware that the activities planned for my/our child while at camp may include but are not limited to the following: sledding and tubing, snow activities, group games, campfires, arts and crafts, music, drama, a variety of athletic activities, and limited transportation on and off the campgrounds.

With the above in mind, I/we do hereby give permission/consent for my/our child to participate in the above named events and to hold harmless and release Stone Church Youth, Stone Church, its agents, assigns, employees, and volunteer assistants from any and all liability whatsoever arising out of injury, sickness, claim, cause of action, expense, or damage which may be sustained by my/our child during the course of his/her stay at camp.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Camper:

\_\_\_\_\_  
Parent or Legal Guardian Signature:

\_\_\_\_\_

### **In Case of Emergency, Please Contact:**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

In case of an emergency, is there anything the camp nurse or doctor should know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

***PLEASE KNOW THAT AN APPLICATION WILL BE REFUSED IF IT IS NOT COMPLETED IN FULL.***