

2010 CAMP REGISTRATION FORM
Early Bird Registration Deadline – May 1, 2010

Camper _____ Male _____ Female _____
 Last First Middle

Date of birth ____/____/____ Grade completed by camp ____ Is this your first year at camp? ____

If no, circle years attended: P, JR 1 2 3, CR 1 2 3, CYF 1 2 3 4

Street address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ E-mail _____

Emergency contact _____ Relationship to camper _____	Relationship to camper _____
Home phone _____ Work phone _____ Cell Phone _____	

PARENT OR GUARDIAN AUTHORIZATION FOR CHILD

By signing this document, I hereby certify that all information contained herein is correct. I give permission for the use of photographs including my child to be used in camp publicity. (Camper name) _____ has my/our permission to participate in camp. I/we understand that all camp activities will be closely supervised and that medical and/or hospital care will be given if serious illness or injury occurs. I/we understand that I/we will be notified in case of serious illness or injury. In the event I/we cannot be contacted, I/we give permission for emergency treatment as recommended by an attending physician or dentist. I/we further release the camp director and staff and the Christian Church in the Upper Midwest from responsibility and liability for any accidents or illness occurring during camp. I/we understand that the camp insurance coverage picks up where my/our insurance leaves off, up to the limits of the camp policy.

PARENT OR GUARDIAN ENDORSEMENT

I understand that the camping experience grows in intensity as the week progresses. I recognize that missing any part of the week compromises my child's experience of Christian community and affects both my individual child and the camp community as a whole. I will to the best of my ability ensure that my child will be able to spend a week at camp uninterrupted.

Signature of Parent or Guardian _____ *Date* _____

CAMPER COVENANT

- I _____ (print name of camper) hereby agree:
- To spend the **whole week at camp from beginning to end without interruption;**
 - to live by the rules, schedules, and purposes of the camp program;
 - to live by the health, safety, and property care rules of the Christian Conference Center;
 - to do my best to be a good camper and give my best to make the camp a good Christian experience for all campers and staff.

 Signature of Camper _____ Date _____

Name of Church and City _____, _____

HEALTH INFORMATION

General health condition: _____ Excellent _____ Good _____ Fair _____ Poor

Insurance information:

Person responsible for insurance coverage _____
 Health insurance carrier _____
 Policy # _____ Group # _____
 Billing address _____
 City _____ State _____ Zip _____

Personal physician: _____

Address _____ Phone _____

Last tetanus vaccination _____

Medication allergies:

____ Sulfa _____ Penicillin _____ Tetanus _____ Aspirin . .
 .Other(Explain) _____

Environmental allergies:

____ Poison ivy/oak _____ Bee/insect stings
 ____ Dust
 ____ Hay fever Other _____

Describe recent illnesses, injuries, surgeries, or exposure to contagious or infectious disease (include dates):

MEDICATIONS you will be taking while at camp (include dosage instructions and any other helpful information):

Are there medications that **should not** be given (aspirin, throat lozenge, laxative, antacid, etc.)?

Do you wear (check all that apply): _____ Glasses _____ Contact lenses _____ Orthodontic braces
 _____ Hearing aid _____ Orthopedic shoes _____ Orthopedic braces Other: _____

Any medical history, or whether camper is currently being treated for the following:

____ Heart condition _____ Arthritis _____ High blood pressure _____ Bronchitis _____ Appendicitis _____ Low blood pressure _____ Hernia _____ Skin ulcer _____ Digestive disorder _____ Skin disease _____ Fainting
 _____ Nervous disorder _____ Exhaustion _____ Asthma _____ Epilepsy/seizures _____ Diabetes/Hypoglycemia
 _____ Tonsillitis _____ Athlete's foot Other: _____

Subject to:

____ Homesickness _____ Fainting _____ Headache _____ Sleepwalking _____ Sore throat
 ____ Cramps _____ Cold/pneumonia _____ Stomachaches _____ Hyperactivity
 ____ Earaches _____ Swimmer's ear _____ Exhaustion _____ Toothaches
 ____ Nosebleeds _____ Bed wetting Other: _____

Camp activity restrictions _____ None _____ Strenuous activities _____ Swimming
 Other information that would be helpful: _____

Special dietary restrictions: _____

Many camps are expected to have waiting lists this year! Priority will be determined based on the order registrations are received.* So send your registration in early! *along with the other criteria listed on the "Parent Information Page"

