

Westminster on the Road-Camper Registration/Health Form

Camper Name _____ Birthday (mm/dd/yyyy) _____ Sex: M ___ F ___

Custodial Parent / Guardian Name _____

Address _____ City _____ Zip Code _____

Phone () _____ Email _____

Parent / Guardian 2 Name _____

Address _____ City _____ Zip Code _____

Phone () _____ Email _____

Home Church (if applicable) _____

Church hosting Westminster on the Road _____ Date of WOTR _____

EMERGENCY NUMBER IF PARENT / GUARDIAN CANNOT BE REACHED

Name _____ Relationship to Camper _____

Address _____

Cell Phone () _____ Work Phone () _____

Please list any medication needed while at camp:
All medication must be turned into a designated church volunteer.

Illness/Condition	Medication	Dosage	Time of Day

Does the camper have any known allergies? YES/NO If yes, please describe reaction and treatment.

To care for your camper to the best of your ability, we need to know of any other physical, emotional, or behavioral problems.

I understand that the camp will care for my camper with the given information on this form

Custodial Parent / Guardian's Signature _____

Date _____

Authorization: Registration will not be complete without an original signature below.

In registering and permitting my child _____ to attend Westminster on the Road, I, the custodial parent, guardian, or other duly authorized party, agree to the following:

1. I understand that, although every effort will be made to ensure my camper is sent home with his/her belongings, Westminster on the Road and the host church are not responsible for the lost or theft of belongings or money.
2. I understand that Westminster on the Road reserves the right to cancel registration if the Health and Information Forms are not completed and if authorization is not signed by the parent/guardian.
3. I understand that Westminster on the Road reserves the right to cancel my child's participation in his or her camp session if his or her behavior is deemed unmanageable or dangerous to his/herself, other campers, or staff members of Westminster on the Road.
4. I understand that Westminster on the Road will not tolerate any violence by campers, volunteers, or our own staff. Any offenders will be sent home immediately.
5. Westminster on the Road reserves the right to use photo or video images of campers for advertising purposes unless otherwise instructed.
6. I consent to the collection and storage of information about my children or family. I understand that this information will be kept only in compliance with Westminster on the Road's Privacy Policy.
7. I understand that in the event a camper requires special medication, x-ray, or treatment beyond what is possible at the host site, every possible effort will be made to notify parents/guardians immediately. In case of medical emergency, the physician chosen by the WOTR congregational coordinator will hospitalize and secure proper treatment for the camper.
8. Unless I advise Westminster on the Road otherwise in advance in writing, I approve my child's participation in all of the camp's programs and activities.
9. I understand that every precaution is taken for the safety and good health of the campers, but in the event of accident or illness, the Camp Director, Camp Staff, Camp Board and host congregation are hereby released from any liability.

Your signature below constitutes your permission for medical treatment as outlined and compliance with the conditions of enrolment.

Custodial Parent / Guardian's Signature _____

Date _____

Your child's safety is important to us. For this reason, we will not release a camper to anyone other than the guardian or individuals specified below:

Name (s): _____

Please attach a photocopy of your insurance card to this paperwork.