



CAMPER REGISTRATION FORM

(17 and under*)

*If you are aged 18 or older, you are no longer legally considered a minor and you must use the Adult Registration Form, even if you are coming as a camper. The minimum age to attend camp as a counselor is 19.

Church Name, City _____
 Full Name _____ Tel. _____
 Street Address _____ Date of Birth _____ Gender Male
 City, State, Zip _____ Shirt Size _____ Female
 Grade (2018-2019) _____

Select the week(s) this camper will be attending:

- Spring! Apr 5-7

- Housing:** Bunkhouse **Worship:** Forge
 Family Cabin Blast!

Emergency Contact:

Name _____
 Relationship _____
 Tel 1 _____ Tel 2 _____
 Email _____

Please check any medical conditions listed below that apply to this camper:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Tourette Syndrome |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Cancer | <input type="checkbox"/> Immune Disorders | <input type="checkbox"/> Environmental Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cardiac Issues/Hypertension | <input type="checkbox"/> Knee Problems | <input type="checkbox"/> Food Allergies |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Celiac Disease | <input type="checkbox"/> Migraines | <input type="checkbox"/> Insect Bite/Sting Allergies |
| <input type="checkbox"/> Previous Back or Neck Injury | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Night Terrors | |
| <input type="checkbox"/> Bladder/Kidney Issues | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Physical Disability | |
| <input type="checkbox"/> Blind/Legally Blind | <input type="checkbox"/> Hard of Hearing/Deaf | <input type="checkbox"/> Seizure Disorder | |

- Check if there are any activities this camper is prohibited from doing. Check here if this camper has been hospitalized in the last year.

Please list any medications taken regularly: _____

Please list any allergies, medical or otherwise: _____

If there are any additional medical concerns, behavioural concerns, or any other information that you believe medical personnel should know in case of an emergency, please list them here: _____

Primary Physician _____ Phone _____

If this camper has insurance, please list the insurance information found on their insurance card. Please include a company name, the guarantor, the policy number, group number etc., or attach a copy of an insurance card to this form.

Camper Waiver

I hereby agree that [Camper Name] _____ may participate in all camp activities including travel off the property. Also, I give permission for Camp Siloam to use images and recordings of this child without further compensation. I realize that in the event of an illness or injury while at camp or while participating in its activities, medical treatment may be required. I give permission for the medical personnel selected by the camp director to order any medical procedures, including x-rays, routine tests, treatments, hospitalization and transportation. Furthermore, I agree to bear the cost of all such treatment. I also agree to hold harmless Camp Siloam, its staff, and board of directors from all liabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of this child in said activities.

Parent/Guardian Signature _____

Printed Name _____

Date _____