

POTOMAC YOUTH CAMP REGISTRATION FORM (Choose one: Week 1 Week 2 **Week 3**)

Last name \_\_\_\_\_ First name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (as of '18-'19 school year) \_\_\_\_\_

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

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

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Contact** (If unable to reach parents during camp) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name & City of Church you are attending with **South County Church, Lorton**

Youth Leaders Name **Tatiana Reyes**

Youth Pastor/Leader's E-mail **tatianar@southcountycares.org**

**STATEMENT OF HEALTH-TO BE COMPLETED BY PARENT OR GUARDIAN**

Insurance Carrier \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured's Name (First & Last) \_\_\_\_\_

**CHOOSE ONE:**

Current Immunizations: YES NO If no, what is missing \_\_\_\_\_

Inhaler: YES NO Epi-pen: YES NO Exposed to a communicable disease: YES NO

Physical needs that would limit camp activities: YES NO Can student swim: YES NO

Can student use shallow end: YES NO Allergic to: \_\_\_\_\_

Can students be given Ibuprofen, Tylenol, or Benadryl if needed? YES NO

List **ALL MEDICATIONS** that student is currently taking \_\_\_\_\_

Is there any information that we should have regarding the welfare of this camper? \_\_\_\_\_

**(If explanation is needed, please explain on separate paper)**

**PARENT SIGNATURE REQUIRED-EMERGENCY TREATMENT PERMISSION**

I give the following EMERGENCY TREATMENT PERMISSION whereas I have legal custody of this child, a minor who resides with me. While this child is a registered camper at a 2019 Potomac Youth Camp, I hereby authorize any youth camp director, dean, or first aid staff responsible to consent to any x-ray, examination, anesthetic, medical, or surgical treatment and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of WV, VA, or MD when such a medical or surgical treatment is necessary.

**PARENT SIGNATURE** \_\_\_\_\_

I have read & agree to adhere to the conduct code & understand that willful misconduct or any breach of the conduct code will subject me to dismissal from camp at any time, day or night, at my parent's expense.

**STUDENT SIGNATURE** \_\_\_\_\_