

Summer Camp: Camper Information:

Last Name _____ First _____

Date of Birth ___/___/___ Grade (A for Adult) _____ Circle: Male or Female

Shirt Size (included in registration; please circle one) **YS YM YL S M L XL 2XL 3XL**

Camp Session Attending: _____

Church attending with _____ Group Leader _____

Insurance Co./Policy No. _____

Tetanus Current Y or N **Please provide a copy of your insurance card. (front & back)**

List any food allergies or intolerances the Cook/Nurse should be made aware: _____

List any medical allergies or health conditions the Camp Cook/Nurse should be made aware? _____

List all medications routinely taken (prescription & non-prescription) and times to be administered:

Med & Dosage _____ Reason _____ **All camper**

Med & Dosage _____ Reason _____ **medications should**

Med & Dosage _____ Reason _____ **be given to your**

Med & Dosage _____ Reason _____ **church group leader**

Med & Dosage _____ Reason _____ **for delivery to the**

Med & Dosage _____ Reason _____ **Camp Nurse at**

Med & Dosage _____ Reason _____ **registration.**

May be given over-the-counter medication as deemed necessary by the camp protocol. Yes or No

Exceptions: _____

Does your child have any emotional, educational, or physical concerns that will effect his/her camp

experience? If so, please use the space below (or separate sheet) to share with us any concerns to help

provide the best camp experience possible.

Family Information: Parent/Guardian(s) with whom camper resides

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email (optional) _____

The above information describes... Father/Mother/Guardian. **Circle one**

Other emergency contact _____ Phone _____

Relationship to participant _____

Important Information that Requires Parent Signature

I understand that participants attending a camp session at Prairie View Christian Camp will be offered an opportunity to participate in multiple recreation options including, but not limited to, swimming, paintball, rock climbing, rappelling, and zip line. Additionally, Junior High and High School participants may be offered an opportunity to Trap Shoot. I fully understand and acknowledge that 1. risks and dangers exist in the participation in and use of high ropes elements; 2. that participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily injury, disease strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death, or other ailments that could cause serious disability; and 3. by giving my child permission to participate in these activities and use this equipment, I assume all risks and dangers and all responsibility for any losses and/or damages incurred while participating in these activities.

Parent Initials _____

To the best of my knowledge, my child is physically and emotionally able to take part in the camp program. In the event of a medical emergency, I give permission to the volunteer medical person selected by the camp management to do whatever is necessary for the health of my child as named on this form. I hereby release the camp from any responsibility other than normal supervision and care. In case of an accident, I will not hold Prairie View Christian Camp, their staff members, management, or officers liable. I have reviewed this form and certify that all appropriate medical information is included.

Parent Initials _____

I recognize that this is a Christian camp, that the Bible will be studied, and that camp conduct will be expected that is consistent with Christian Values.

Parent Initials _____

I also give my permission for any appropriate photographs/videos to be used for future Prairie View Christian Camp promotional purposes.

Parent Initials _____

Signed _____ **Date** _____

Office Use Only: Postmark Date: _____ Check #: _____ Paid by: _____ Amt Paid: _____ Balance Due: _____