

# CAMPER REGISTRATION APPLICATION 2019



*Camp Comanche*

REACHING YOUTH FOR CHRIST BY BUILDING, TRAINING, LOVING & EQUIPPING

*“Clap your hands, all peoples!  
Shout to God with loud songs of joy!”*  
(Psalm 47:1)

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## **CAMPER'S INFORMATION:**

Last Name: \_\_\_\_\_  
\_\_\_\_\_

First Name: \_\_\_\_\_

Gender:  Female     Male

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Age: \_\_\_\_\_ T-Shirt Size (**Adult Size**):    SMALL    MEDIUM    LARGE    X-LARGE

School: \_\_\_\_\_

Home Church: \_\_\_\_\_

Grade attended in school year 2018 - 2019: \_\_\_\_\_

Home address: \_\_\_\_\_ Apt./Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Can your child swim? (Please circle):            YES            NO**  
**If so what is their skill level? (Please circle):    Beginner            Intermediate            Expert**

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**PARENTS/GUARDIANS INFORMATION:**

Mother's/Guardian's name: \_\_\_\_\_

Father's/Guardian's name: \_\_\_\_\_

Mother's/Guardian's direct phone line: (\_\_\_\_)\_\_\_\_\_

Father's/Guardian's direct phone line: (\_\_\_\_)\_\_\_\_\_

Parent's Email (*an email address that is checked daily*): \_\_\_\_\_

Person/People authorized to pick up child at bus stop:

\_\_\_\_\_  
Please provide a copy of their state ID.

Other Dismissal Arrangements: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact #1 –

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact #2 –

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Specify any of your child's health problems:

\_\_\_\_\_  
Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

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**CAMP SESSION 2019:**

**Overnight session:**

**8 nights**

**9 days**

**Saturday, July 13<sup>th</sup> – Sunday, July 21<sup>th</sup>**

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**Lunch:** If you are sending your child with a packed lunch on the bus, please be sure that it is clearly marked with your child's first and last name. **Please do not include any food products with peanuts/tree nuts in your child's bag because campers on bus with allergies.**

**Payments:** Tuition may be paid by cash or by check.  
Make the check payable to: **Camp Comanche Inc.**

**Camp Costs & Fees:**

- Session cost must be paid in full **by June 10<sup>th</sup> 2019.**  
**Full Cost: \$400**
- Non-refundable registration fee will guarantee a spot and will be subtracted from above session cost:  
**\$50.00 due by April 5<sup>th</sup> 2019.**

**Scholarships Are Available:** If you are need of a financial scholarship, please let us know by checking down below:

\_\_\_\_\_ In need of scholarship.

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**Contact Information:**

Please contact for more information:

Name: **Daisy Tacuri**

Email: [daisy.tacuri@gmail.com](mailto:daisy.tacuri@gmail.com)

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**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**I understand that the registration fee is due by April 15<sup>th</sup>.**

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**DROP OFF AND PICK UP TIMES:**

Drop off time:

- Please bring your child to the bus station at West 54<sup>th</sup> street between 10<sup>th</sup> & 11<sup>th</sup> by 9:00 AM. The bus leaves at 10:00 AM Sharp.
- Any medications your child takes must be brought to the bus station and in original containers for the Health Director.

**Pick up time:**

Parents/guardians, please be ready at the bus stop, approximately at **3:00 PM**. Campers will arrive approximately at **3:15 PM**. Please understand that traffic issues may arise. If so, you shall be contacted if it does.

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**REQUIRED PARENT'S/GUARDIAN'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Allergies: \_\_\_\_\_

Camper Medical Problems: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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IN ORDER FOR YOUR CAMPER APPLICATION TO BE COMPLETE YOU MUST PROVIDE A PHOTO COPY OF:

- YOUR CHILD'S LATEST PHYSICAL.
- YOUR CHILD'S INSURANCE CARDS.
- YOUR CHILD'S IMMUNZIATION RECORDS.

**PHYSICIAN'S STATEMENT:**

1. Is this child up to date on all immunizations? YES or NO

2. Has this child had a Tdap vaccine or DTaP Vaccine? YES or NO

If so, which one? \_\_\_\_\_

3. Has this child had his MMR vaccine? YES or NO

When? \_\_\_\_\_

4. Is there any reason why this child should not participate in all-camp activities? YES or NO

5. Are there any over the counter medication that this child should not receive from an RN?  
(Advil, Tylenol, Aspirin, Benadryl, anti-itch cream, off bug body spray etc.) YES or NO

**Doctor's Name:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Signature or stamp:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Is there anything that the camp nurse needs to know about your child's health? Please provide information on back of this form.

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Who is financially responsible for the camper? \_\_\_\_\_

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I hereby give permission to:

**Camp Comanche Inc.  
DBA Harmony Heart Camp**

to photograph and/or videotape the student for educational or promotional purposes.

(Parent's/Guardian's Initials) \_\_\_\_\_

Parent's/Guardian's Signature) \_\_\_\_\_

**PARENT/ GUARDIAN STATEMENT:**

I hereby state that (camper's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Camp Comanche Inc. & Harmony Heart.**, including but not limited to all aspects of cheerleading, tumbling, and dance training, baseball, basketball, soccer, tag football, hiking, swimming in Heart Lake, boating in Heart Lake, crossing the street to get to Heart Lake, Tag, wood shop, Water Slide, Arts & Crafts, cooking class, Olympics Day, overnight camping in tents or under the stars, camp fires, participation in chapel services, cabin devotions, cabin clean up, and all other physical sports not mentioned. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Camp Comanche Inc., & Harmony Heart, its employees, volunteers and its staff** from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named camper occurring in the premises of **Harmony Heart/Camp Comanche Inc.**, including any event sponsored or sanctioned by **Camp Comanche Inc. DBA Harmony Heart** and or travel to and from such activities.

I understand that **Camp Comanche Inc. DBA Harmony Heart** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Camp Comanche Inc. DBA Harmony Heart** or its scheduled program and that **Camp Comanche Inc./Harmony Heart** has the right to send him/her home for inappropriate conduct at the costs of the person/persons signing this document. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply. I ALSO UNDERSTAND THAT CAMP COMANCHE INC/DBA HARMONY HEART IS NOT RESPONSIBLE FOR ANY HOSPITAL BILLS.

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_