



# 2023 Camp Registration Form

*\*Please fill in the information to the best of your knowledge\* Note that your child must be toilet trained to participate in camp.*

## **SECTION I: Basic Camper Information**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: M or F  
School Name \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

## **SECTION II: Parent/Guardian Contact Information-** If the information is the same as the child's write "same as above"

Parent/Guardian  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

## **SECTION III: Emergency Contact Information-** In the event of an emergency (medical or other), the following people will be contacted.

Emergency Contact #1  
First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact #2  
First \_\_\_\_\_ Last \_\_\_\_\_ Cell Phone \_\_\_\_\_

## **SECTION IV: Transportation/Pick-Up-** In order to protect your child, please provide us with the following information.

Please list those people in addition to listed parents/guardians who **ARE** permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

Please list any people who **ARE NOT** permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

## **SECTION V: Medical Release Information-** Please fill in the information to the best of your knowledge.

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetes, Asthma, Seizures).

<u>Medical Problems</u>	<u>Required Treatment</u>	<u>Should paramedics be called?*****</u>
_____	_____	YES ___ or ___ NO _____
_____	_____	YES ___ or ___ NO _____

**Is your child presently being treated for any injury or sickness, or taking any form of medication for any reason?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**Does your child require a special diet?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**Is your child allergic to any type of food or medication? - Please also describe the reaction that occurs.**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**I grant permission for the camp health personnel to administer over-the-counter medications indicated below:**

Tylenol: YES NO Motrin/Advil: YES NO Benadryl: YES NO

**Parent/Guardian Signature for over-the-counter administration:**

\_\_\_\_\_

*\*The purpose of the above information is to ensure that medical personnel have details of any medical problem or need that may interfere with and/or alter treatment in the event of an emergency.\**

**SECTION VI: CONSENT**

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I (or the emergency contact) cannot be reached, I authorize the calling of a doctor the providing of necessary medical services in the event my child becomes injured/ill.

**Parent/Guardian Initials:** \_\_\_\_\_

I understand **Huntington Community Church, any other staff member, or the host family or owner of the camp site will NOT** be responsible for the medical expenses incurred, but that such expenses will be my responsibility as the parent/guardian.

**Parent/Guardian Initials:** \_\_\_\_\_

I, the parent/guardian, hereby certify that the information provided on this form is complete and accurate to the best of my knowledge.

**Parent/Guardian Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_



**HUNTINGTON**  
COMMUNITY CHURCH