

2018 CAMPER REGISTRATION

REGISTRATION DEADLINES

Jr Bible Camp: June 11 Jr Hi/Sr Hi Camp: July 16

check one: **Jr Bible Camp, June 18-22** [] **Jr/Sr Hi Camp, July 23-27** []

camper name _____ [] male [] female

birthdate: ____/____/____ age at camp _____ grade next fall _____

address _____

city _____ state _____ zip _____

parent/guardian _____

e-mail _____ home phone (____) _____

work phone (____) _____ cell phone (____) _____

camper would like to room with: 1. _____ 2. _____

home church _____ pastor _____

Person(s) who have permission to pick up camper _____

Person(s) who do not have permission to pick up camper _____

health insurance company _____

policy number _____ group number _____

(Please attach a copy of the front and back of insurance card.)

physician's name _____ physician's phone (____) _____

in case of emergency, notify: _____

home/cell phone (____) _____ work phone (____) _____

PAYMENT

Please enclose full camp fee. Make checks payable to your local C&MA church.

My check for \$ _____ is attached. Check # _____

Camp/Church Office Use Only:

Date	Amount	Check #

HEALTH HISTORY

CONDITIONS

chicken pox [Y] [N]
 diabetes [Y] [N]
 ear trouble [Y] [N]
 emotional issues [Y] [N]
 epilepsy [Y] [N]
 heart trouble [Y] [N]
 asthma [Y] [N]
 skin problems [Y] [N]
 convulsions [Y] [N]
 bed wetting [Y] [N]

ALLERGIES

penicillin [Y] [N]
 insect stings [Y] [N]
 other _____

IMMUNIZATIONS

polio [Y] [N]
 small pox [Y] [N]
 diphtheria [Y] [N]
 measles [Y] [N]
 rubella [Y] [N]
 whooping cough [Y] [N]

Weight of camper 12 or younger ____ lbs. Date of last tetanus booster ____/____/____

List activity restrictions, dietary restrictions, health problems and/or medication (Rx or OTC) relating to your camper. Please give a description of any current physical, mental, or psychological conditions requiring medication, treatment, or special consideration while at camp. Attach an additional sheet if needed:

NOTE: If the health history identifies health problems or activity limitations requiring special consideration, documentation of a physical examination performed by a licensed physician within one year before admission to camp must be provided, including instructions relative to the limitation of the camper's participation in camp activities or medication requirements.

CONTRACT

I hereby give permission to the C&MA Bible Camps to dispense medications (Rx and OTC meds) to my child to manage illness and injury as directed by the camps medical protocol and camp nurse.

In case of emergency, if I cannot be contacted, I hereby give permission to the physician selected by the camp director and/or camp nurse to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named above.

I understand that every effort will be made to protect and safeguard all campers. I agree not to hold the South Dakota C&MA Bible Camp liable for any illness or mishap from any cause whatsoever.

I give the camp full authority in dealing with problems of discipline. I understand that any camper disregarding camp rules is subject to being sent home with no refund of camp fees. I understand that any camper who willfully destroys property will be held responsible and charged accordingly.

All information on this form is accurate as listed.

Signature of parent / guardian _____

Date _____

Signature of camper _____