

# Christian Conference Center - Summer Camp Registration Form

Early Bird Deadline: May 1st, 2019

Late Deadline: 2 weeks before the event

## General Information

### Participant

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade to Be Completed in 2018: \_\_\_\_\_

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

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

Is this your first year attending camp at the Christian Conference Center? \_\_\_\_\_

Name of church you attend \_\_\_\_\_

### Parent/Guardian with legal custody—to be contacted in case of illness or injury

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Preferred Phones (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ (This address will be used to confirm camp dates)

### Second parent/guardian or other emergency contact

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Preferred Phones (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

### Insurance Information

Is the participant covered by family medical/hospital insurance Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Policy or Group # \_\_\_\_\_ Name of policy holder \_\_\_\_\_

## Medical Information and Medical History

### Allergies

\_\_\_\_\_ No known allergies

Please describe what the camper is allergic to, the reaction seen, and how it is treated

Food \_\_\_\_\_

Medicine \_\_\_\_\_

Environment (insects, hay fever, etc.) \_\_\_\_\_

Other \_\_\_\_\_

### Diet/Nutrition

\_\_\_\_\_ This camper has no restrictions \_\_\_\_\_ This camper has special food needs, please describe:

\_\_\_\_\_

### Vaccinations

Are the camper's immunizations/vaccinations up to date? (Circle One) Yes No

If no, please explain \_\_\_\_\_

### Has the participant:

Been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Y N

Ever been treated for emotional or behavioral difficulties or an eating disorder? Y N

During the past 12 months, seen a professional to address mental/emotional health concerns? Y N

Had a significant life event that continues to affect the camper's life? Y N

(History of abuse, death of a loved one, adoption, foster care, new siblings, survived a disaster, others) Please explain yes answers on a separate page.

### Has the participant:

1. Ever been hospitalized? Y N

2. Ever had surgery? Y N

3. Have recurrent/chronic illnesses? Y N

4. Had a recent infectious disease? Y N

5. Had a recent injury? Y N

6. Had asthma/wheezing/shortness of breath? Y N

7. Have diabetes? Y N

8. Had seizures? Y N

9. Had headaches? Y N

10. Wears glasses or contacts? Y N

11. Has fainting or dizziness? Y N

12. Passed out/had chest pain during exercise? Y N

13. Has mononucleosis during the past 12 months? Y N

14. If female, have problems with menstruation? Y N

15. Ever had back/joint problems? Y N

16. Have history of bedwetting? Y N

17. Have problems with diarrhea/constipation? Y N

18. Have any skin problems? Y N

19. Traveled outside the U.S. in the past 9 months? Y N

20. Have problems with falling asleep/sleepwalking? Y N

**Medication Information**

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medications are collected, stored, and distributed by camp staff. Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring only enough medications to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

\_\_\_\_\_ This camper will not take any daily medications while attending camp  
\_\_\_\_\_ This camper will take the following daily medication(s) while at camp: \_\_\_\_\_  
\_\_\_\_\_

**Over-the-counter Medication Permission**

Non-prescription medications are stocked in the camp Health Center and are used on an as needed basis to manage illness or injury.

\_\_\_\_\_ Camp staff has permission to administer over-the-counter medications as necessary.  
\_\_\_\_\_ Camp staff has permission to administer over-the counter medications as necessary, except: \_\_\_\_\_  
\_\_\_\_\_ This camper should not be given any over-the-counter medications.

**Authorization For Medical Treatment**

You will be contacted if: your child is exposed to a communicable disease, outside medical attention is necessary (e.g., if we transport your child to a hospital/Dr. office), or your child is having discipline problems that jeopardize the safety of others

The undersigned person represents that he/she is the custodial parent/legal guardian of the above identified participant. The camper has my/our permission to attend camp from \_\_\_\_\_ to \_\_\_\_\_ (dates) at \_\_\_\_\_ (Site Name). This permission given by me/us with full knowledge of the conditions and activities contemplated during each session (see uppermidwestcc.org for more information). The participant has no physical or mental disabilities that would impair their participation except as noted above. I/We acknowledge, agree to, reconfirm and incorporate herein by reference the Release of Liability signed by me/us which is attached hereto. I also understand that the information provided on this form will be kept confidential and shared only as necessary to provide care of the participant.

I understand that camp insurance is a supplemental policy only. It will pay whatever my own insurance doesn't cover (deductible or over) up to the limit of the policy. If medical (sickness, injury) care is needed, billing will be sent to the parent/guardian who will be responsible for direct payments to physical, hospital, clinic, etc. By initialing here \_\_\_\_\_ I am indicating that I DO NOT wish for my child's likeness to be used in any online or print publications or social media by the Christian Conference Center or the Christian Church in the Upper Midwest. The participant is currently taking only medications listed above. The camper who has no allergies known to me/us except as noted on this form. The health information/history is correct as far as I/we know. In the event of illness or injury, I/we authorize the camp, physician and or hospital to undertake such treatment of and perform such services (including surgical) for the participant as are reasonably indicated by the circumstances.

I have reviewed the program/activities of the camp and feel that the camper can participate with the following restrictions (please describe) \_\_\_\_\_

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Summer Camp Sign-Up**

I would like to attend Camp \_\_\_\_\_ My second choice is Camp \_\_\_\_\_

If attending more than one camp, I would also like to attend Camp \_\_\_\_\_

**Grand Camp and Family Camp Only:** please list others you are attending with \_\_\_\_\_  
**Every camper (youth and adults) must complete a registration form**

**Grand Camp and Family Camp Only:** please check preference for housing: Lodge Room \_\_\_\_\_ Cabin \_\_\_\_\_  
(Lodge Rooms cost an additional \$40 per family. Cabins are no additional charge.)

**What About Camp T-shirts?** This year shirts can be purchased in our Camp Store at registration or pick up! Shirts will cost between \$5 and \$15 depending on style and design. Other merchandise will also be available.

**Payment Information**

**Payment by Check (made out to the Christian Conference Center):**

Personal Check Number \_\_\_\_\_ Amount \_\_\_\_\_  
Or, check here if you will be paying through your church \_\_\_\_\_

**Payment by Credit Card:**

Name of Cardholder \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
CVV Code \_\_\_\_\_ Zip Code of Billing Address \_\_\_\_\_