Missouri Arkansas District Church Camp

REGISTRATION FORM

Name: _____ Age: _____

Address: _____ City_____State _____ Zip _____

Phone: _____ Email: _____

CAMPERS AND PARENTS OR GUARDIANS

Please complete the information below. Adults & staff, go to page 2. **Read the guidelines and sign—campers and parent or guardian!** (See information sheet for guidelines on page 2.)

Grade completed _____ Birthday _____

Name of parent(s) or guardian(s): _____

Phone, if different from above: home:_____ business: _____

Name of adult who will be responsible for you at camp: _____

I have read the camp guidelines and agree to follow them. I realize that failure to behave and cooperate with the camp staff may result in being sent home.
Camper signature: _____

I have read the camp guidelines and made sure that my child has read and understands them. I realize that if my child does not obey these guidelines, I may be called to come to camp and pick-up my child.
Signature of Parent or Guardian: _____

YOUTH PERSMISSION FORM (AGES 13 AND UP)

_____ I am at least 13 years old and would like to go on the canoe trip on Wednesday of camp week. I understand that this will be an additional $20.00 to participate in this event.

_____ has my permission to go on the float trip.
(name of youth)

Signature of parent/guardian: _____

(Staff, please continue to page 2)

FOR CAMP STAFF ONLY:

_____ I prefer to be in a cabin with adults only.

_____ I would like to be in a cabin with children

_____ I would prefer to have a cabin to myself.

_____ I am open to being placed wherever I am needed.

I have read the camp guidelines and agree to follow them. I will strive to be a good example and leader for the campers. I understand that if I am not following the camp guidelines, I may be asked to go home.
Signature of staff person: _____

MEDICAL RECORD FORM

Name of camper or staff person _____ Age: _____

Parent/Guardian/or other person to be contacted in the case of an emergency:

Name: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____

Medical Insurance Company's Name: _____

Name of family doctor: _____ Phone: _____

If the person listed above is not available, the following individuals may be contacted in the case of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Information

Height _____ ft. _____ in. Weight _____ lbs.

Check if this person has or ever has had any of the following:

_____ ear infections	_____ rheumatic fever	_____ poison ivy
_____ convulsions	_____ diabetes	_____ behavior problems
_____ measles	_____ hepatitis	_____ blood transfusion
_____ chicken pox	_____ epilepsy	_____ spleen removal
_____ mumps	_____ asthma	_____ night sweats
_____ fainting	_____ hyperventilation	_____ sleep walking

_____ other (please list): _____

Details of any of the above, particularly behavior problems, we should know about:

_____

_____

Operations or serious injuries: _____

_____

My child takes the following medications: _____

_____

Date of last tetanus booster shot: _____

My child has current immunization and booster shots _____ yes _____ no

If no, list the ones which are not up-to-date: _____

Allergic Reactions:
_____ none
_____ penicillin
_____ bee stings
_____ other: please list _____

Details of the above allergies or additional medical information: _____

_____

IN THE CASE OF A MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians or persons named on this form. In the event that I cannot be reached, I hereby give permission to the physician selected by the District Camp staff to hospitalize, secure proper treatment for, and/or to order injection, anesthesia, or surgery for my child named above.
Adult signature: _____

I, the undersigned, hereby release the Missouri Arkansas District Church Camp staff, any volunteers of the camp, the Missouri Arkansas District, and the Church of the Brethren, of any liability incurred to myself or any member of my family as a result of participation in any of the approved camp programs and/or activities.

Adult signature: _____ Date: _____