



# Camp in the Community Camper Registration & Health Form

(Please print legibly. Parent or guardian is to complete this form in ink. Thank you.)

Day Camp Location: \_\_\_\_\_ Date of Day Camp: \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Parent(s) or Guardian Name \_\_\_\_\_ Grade entering in Fall 2017 \_\_\_\_\_

Address (Street or Box #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Parent/Guardian Contact Phone (\_\_\_\_\_) \_\_\_\_\_

Additional Parent/Guardian Contact Phone (\_\_\_\_\_) \_\_\_\_\_ Camper's T-Shirt Size \_\_\_\_\_

Does your family have a home church? Yes \_\_\_ No \_\_\_ If yes: Name \_\_\_\_\_ City \_\_\_\_\_

**If the parents or guardian are not available in an emergency, notify:**

Name \_\_\_\_\_ Phone/cell: (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone/cell: (\_\_\_\_\_) \_\_\_\_\_

During Day Camp, how will your child come and leave from the day camp site? (Circle all that apply)      Walk      Bike      Car

The following person(s) is/are permitted to pick up my child from Day Camp:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

DO NOT release my child to the following person(s):

- 1. \_\_\_\_\_ 2. \_\_\_\_\_

*For office use:*  
Fee per person for week of Day Camp: \$ \_\_\_\_\_  
Amount received: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

***This exact form is required for each day camper. It is to be filled out in pen by the parent or guardian. Please copy this exact form only on white or light colored paper. Thank you.***

# Camp in the Community Camper Registration & Health Form - continued

Camper's Doctor \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Camper's Dentist \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Policy Group Numbers: \_\_\_\_\_ Policy Number: \_\_\_\_\_

List any disability or recurring illness: \_\_\_\_\_

Note any activities to be limited: \_\_\_\_\_

Specify any dietary concerns or limitations: \_\_\_\_\_

Include current medication or medical treatment:

	Name:	Dosage:
1.	_____	_____
2.	_____	_____
3.	_____	_____

*Note: All medications sent to camp must be in the original containers and given to the Church Coordinator.*

Note all allergies: \_\_\_Bee Stings \_\_\_Aspirin \_\_\_Penicillin \_\_\_Peanuts \_\_\_Other: \_\_\_\_\_

**Immunization Record:**

*Check if current.*

- DPT Series \_\_\_\_\_
- Mumps \_\_\_\_\_
- Measles \_\_\_\_\_
- Rubella \_\_\_\_\_
- Polio Series \_\_\_\_\_
- Hepatitis B Series \_\_\_\_\_
- TB Test Result: \_\_\_\_\_
- Date of Tetanus Booster: \_\_\_\_\_

Please provide any other information or restrictions that might help the Day Camp staff and volunteers care for your child's health at camp (behavior, physical, emotional or mental health):

**Release:** By signing below, I, the undersigned, am stating that I have legal custody of the Camper whose name is set forth above. I, the undersigned, hereby grant my authorization and consent to The Wisconsin Annual Conference of The United Methodist Church and The Wisconsin Conference Board of Trustees of The United Methodist Church, Inc., and their employees, clinicians, trainers, nurses, or agents, to administer first aid treatment for any minor injuries or illnesses and, if the injury is life threatening or in need of emergency treatment, to seek, approve, and obtain any medical, dental or surgical diagnosis, treatment or care for the Camper including, but not limited to, x-ray, anesthetic, injections, medications, blood transfusions, and hospitalization, which is deemed advisable by, and is to be rendered under the general supervision of a physician, surgeon, dentist, hospital or other medical professional or institution. I authorize the release of any and all medical records concerning the Camper to any health care provider authorized to provide care or treatment pursuant to this Medical Consent Agreement. I, the undersigned, agree to assume financial responsibility for all expense of such care. I, the undersigned have read, and I understand, all of the provisions of this Agreement

\_\_\_\_\_ Date \_\_\_\_\_ Please Print Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

# Camp in the Community Camper Waiver, Release and Consent Form

CONSENT TO RECORDING AND USE OF PHOTOS AND VIDEO OF CAMPER. Representatives of the camp and host congregation my record, by video, photograph or other means of reproduction, the Camper's name, voice, image and physical likeness, and may use any such recorded matter for promotional purposes without further consent, notice or compensation.

ASSUMPTION OF RISK FOR CAMP ACTIVITIES. The Camper has my permission to participate in camp and retreat activities, including, but not limited to, swimming and other water activities, canoeing, hiking, ropes courses, horseback riding, rock climbing, campfires, outdoor games, athletic competitions, meals and other activities. THE CAMPER AND I ACKNOWLEDGE AND KNOWINGLY ASSUME ALL RISKS OF INJURY, DEATH AND PROPERTY DAMAGE RESULTING FROM THE ACTIVITES.

WAIVER AND RELEASE. On behalf of myself, the Camper, and our respective family members, heirs and assigns, I hereby release and discharge The Wisconsin Annual Conference of The United Methodist Church and The Wisconsin Conference Board of Trustees of The United Methodist Church, Inc., and each of their officers, directors, members, employees, agents, affiliates, and volunteers, from any and all claims, liability, actions or suits for injury, death and property damage arising from or related to camp and retreat activities. THE CAMPER AND I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GERATEST EXTENT ALLOWED BY LAW.

By signing below, I, the undersigned, am stating that I am the parent or legal guardian of the Camper whose name is set forth below, and I have the right to contract for such Camper.

DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ IT IN ITS ENTIRETY.

\_\_\_\_\_  
Parent or Guardian's Name (Printed)

\_\_\_\_\_  
Camper's Name (Printed)

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Camper's Signature  
(if over 13 years old January 1, 2017)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Camper's Date of Birth

\_\_\_\_\_  
Today's Date