

## 2008 Summer Camp Registration Form (2<sup>nd</sup>-5<sup>th</sup> Grade, must have completed 2<sup>nd</sup> grade)

Please print clearly in blue or black ink. Complete all information. Use N/A in those areas which do not apply. This form is for one camper or adult sponsor only.

**This form must be filled out by the legal guardian of the listed camper.**

### GENERAL INFORMATION

camper's name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

date of birth \_\_\_\_\_ age \_\_\_\_\_ boy girl

parent's name \_\_\_\_\_

home phone ( ) \_\_\_\_\_ work phone ( ) \_\_\_\_\_

cell phone ( ) \_\_\_\_\_ second cell phone ( ) \_\_\_\_\_

church group name \_\_\_\_\_

church phone ( ) \_\_\_\_\_ group leader's name \_\_\_\_\_

### EMERGENCY INFORMATION

If parent or legal guardian is not available in case of an emergency, please contact:  
(someone not living in same household)

primary contact \_\_\_\_\_

day phone ( ) \_\_\_\_\_ evening/cell phone ( ) \_\_\_\_\_

relationship \_\_\_\_\_

secondary contact \_\_\_\_\_

day phone ( ) \_\_\_\_\_ evening phone ( ) \_\_\_\_\_

relationship \_\_\_\_\_

**NOTE:** If parents plan to be out of town during camper's stay, we must have a phone number to reach them.

out of town phone ( ) \_\_\_\_\_ location \_\_\_\_\_

**This form and attached medical release must be signed to register.** This health history is correct as far as I know, and the person listed above has permission to attend Summer Camp and to engage in all camp activities except as noted. I hereby authorize the executive staff or designated medical professionals to administer medical assistance if I cannot be reached. I accept responsibility for payment of expenses incurred as a result of medical treatment. I authorize designated ministry leaders to dispense over-the-counter medications as needed to the camper listed above. I hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or anyone authorized by you, or any and all photographs and or/video images which you have taken of the camper listed above, for use within the ministries involved. I accept responsibility for all camp fees and understand the fee schedule and refund schedule. I have read the above statements. I agree with and authorize the churches involved

**X** (signature of parent or legal guardian) \_\_\_\_\_ date \_\_\_\_\_

**Registration forms which are not completed will not be processed**

**MEDICAL INFORMATION**

Health history (give approximate dates of occurrences, and indicate whether mild or severe):  
Please use additional paper to detail any important information about your camper.

<p><b>MEDICATION ALLERGIES</b></p> <p>penicillin _____</p> <p>amoxicillin _____</p> <p>sulfa _____</p> <p>ceclor _____</p> <p>any other medications _____</p> <p>_____</p>	<p><b>IMMUNIZATIONS</b></p> <p>last tetanus shot _____</p> <p>chicken pox _____</p> <p>measles _____</p> <p>german measles _____</p> <p>mumps _____</p> <p>hepatitis _____</p>	<p><b>ALLERGIES</b></p> <p>asthma _____</p> <p>allergic to red dye _____</p> <p>lactose intolerant _____</p> <p>allergies (food, animals, insects, etc.) _____</p> <p>_____</p>	<p><b>OTHER MEDICAL CONDITIONS</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are there any activities which this camper should be restricted?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>														
<p><b>LIMITATIONS</b></p> <p>physical limitations (describe)</p> <p>_____</p> <p>_____</p> <p>psychiatric treatment _____</p> <p>mental limitations (describe) _____</p> <p>_____</p> <p>_____</p>	<p><b>MEDICATIONS (see medication policy)</b></p> <p>please list all medications needed:</p> <table border="0"> <tr> <td style="width: 60%;">name</td> <td style="width: 20%;">dosage</td> <td style="width: 20%;">frequency</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			name	dosage	frequency	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
name	dosage	frequency															
_____	_____	_____															
_____	_____	_____															
_____	_____	_____															
_____	_____	_____															

name of family physician \_\_\_\_\_ phone ( ) \_\_\_\_\_

Do you carry family medical/hospital insurance?      yes      no

carrier name \_\_\_\_\_ phone ( ) \_\_\_\_\_

group policy number \_\_\_\_\_

name of insured \_\_\_\_\_

**Summer Camp 2008-**  
**July 28-31 @ Camp Quaker Haven**  
**2<sup>nd</sup>-5<sup>th</sup> Graders (8-12 yrs old, must have completed the 2<sup>nd</sup> grade)**

Camper fee.....\$135 per camper

Fee schedule

Deposit due with registration.....\$50 per camper (non-refundable, non-transferable)

Final payment due prior to June 29<sup>th</sup>.....\$85 per camper

Late fee after June 29<sup>th</sup> .....\$25 additional non-refundable fee to final payment

All deposits are non-refundable and cannot be transferred to another campers balance.  
Final payments can be paid in full at any time, but must be turned in no later then June 25<sup>th</sup>.

Refund schedule for final payment.....\$85 (100%) if cancelled by June 25<sup>th</sup>  
\$42.50 (50%) if cancelled by July 5<sup>th</sup>  
NO REFUND if cancelled after July 5<sup>th</sup>

Please make checks payable to Asbury Church.

**Camper's t-shirt size (please circle ONE)**

YS (8/10)	YM (12/14)	YL (16/18)	AS	AM	AL	AXL
-----------	------------	------------	----	----	----	-----