



# CAMPER REGISTRATION FORM

## MID-ATLANTIC FOURSQUARE KIDS CAMP 2010

VIRGINIA KIDS CAMP – JUNE 21-25 EAGLE EYRIE, LYNCHBURG, VA  
OHIO KIDS CAMP – JULY 12-16 CAMP MCPHERSON DANVILLE, OH  
METRO REGION KIDS CAMP – JULY 19-23 PENN GROVE HANOVER, PA

CHURCH: \_\_\_\_\_ PASTOR: \_\_\_\_\_

CAMPER'S NAME: \_\_\_\_\_ GRADE IN FALL: (CIRCLE) 3<sup>RD</sup> 4<sup>TH</sup> 5<sup>TH</sup> 6<sup>TH</sup> BIRTHDATE: \_\_\_ | \_\_\_ | \_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PARENT / GUARDIAN'S NAME: \_\_\_\_\_ CAMPER (circle one): MALE FEMALE  
HOME PHONE: \_\_\_\_\_ OTHER / CELL PHONE: \_\_\_\_\_  
EMERGENCY CONTACT'S NAME: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_  
CAMPER'S (OR FAMILY) E-MAIL ADDRESS: \_\_\_\_\_

### ----- COMPLETED BY PARENT / LEGAL GUARDIAN ----- CAMPER'S MEDICAL INFORMATION -----

CAMPER COVER BY HEALTH INSURANCE (circle one): YES NO HEALTH INSURANCE CO: \_\_\_\_\_  
INSURANCE POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_  
(Please note that Camp Insurance is secondary to personal health insurance so please complete to not delay medical treatment if necessary)

CAMPER ON PRESCRIPTION MEDICATION (circle one): YES NO IF YES, LIST EXACTLY WHAT & WHEN IT IS TO BE TAKEN:  
**ALL MEDICATION MUST BE LISTED THAT CAMPER WILL BE BRINGING TO CAMP. MEDICATION MUST BE BROUGHT IN ORIGINAL PRESCRIPTION CONTAINER.**  
TYPE OF MEDICATION DOSAGE FREQUENCY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOES CAMPER HAVE ANY OF THE FOLLOWING CONDITIONS? DOES CAMPER HAVE ANY OF THE FOLLOWING ALLERGIES?  
DIABETES \_\_\_ YES \_\_\_ NO HAY FEVER \_\_\_ YES \_\_\_ NO  
TUBERCULOSIS \_\_\_ YES \_\_\_ NO PENCILILLIN \_\_\_ YES \_\_\_ NO  
EPILEPSY \_\_\_ YES \_\_\_ NO POISON IVY \_\_\_ YES \_\_\_ NO  
ASTHMA \_\_\_ YES \_\_\_ NO INSECT STINGS \_\_\_ YES \_\_\_ NO  
OTHER: \_\_\_\_\_ FOOD, DRUG, OTHER: \_\_\_\_\_

IN CASE OF MINOR HEADACHE, TOOTHACHE, OR OTHER MINOR DISCOMFORTS, UP TO TWO (2) TYLENOL MAY BE GIVEN (circle one): YES NO  
IF NEEDED, MAALOX MAY BE GIVEN (circle one): YES NO

LIST ANY SURGERIES OR SERIOUS INJURIES IN LAST TWO (2) YEARS: \_\_\_\_\_  
\_\_\_\_\_

RESTRICTED ACTIVITIES: \_\_\_\_\_ DIETARY RESTRICTIONS: \_\_\_\_\_

BEHAVIORIAL INFORMATION (please indicate any behavior issues that would be helpful for the camp staff to know in working with your child as they relate to the camp setting):  
\_\_\_ ATTENTION-DEFICIT DISORDER \_\_\_ ANGER MANAGEMENT \_\_\_ ACTING OUT BEHAVIOR \_\_\_ OTHER (please explain): \_\_\_\_\_  
\_\_\_\_\_

# ACTIVITIES / MEDICAL RELEASE FORM

## MID-ATLANTIC FOURSQUARE KIDS CAMP

REGISTRATION IS NOT VALID WITHOUT THE FOLLOWING THREE (3) SIGNATURES

### CAMPERS DECLARATION

I will fully cooperate with the camp staff, rules and program established for the camp so as to not discredit my parents, my church or myself.

CAMPER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### PARENT / LEGAL GUARDIAN'S MEDICAL & ACTIVITY RELEASE

My child will cooperate with the camp staff, rules and program of the camp. I understand that I am responsible for my child's actions and will be held financially responsible for any damages done by my child. I will pay for any and all repairs incurred by such damage. I acknowledge that many of the camp / sport activities contain inherent risks of injury. It is understood that the camp officials will make a conscientious effort to locate contacts listed on the form before any action is taken. I understand that my own insurance company is primary, our church activities insurance is secondary and the camp policy is third. I hereby consent to my child participating in all camp activities. I consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor or other first-aid personnel. I also certify that my child's immunizations are up-to-date.

PARENT / LEGAL GUARDIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### PASTOR'S RECOMMENDATION

I recommend this camper as one who will cooperate with the camp staff, rules and camp program. I understand it is my responsibility to see that the camper is picked up if they do not cooperate.

PASTOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### CAMPER GUIDELINES

- Each camper will be required to follow basic guidelines listed here as well as instructions given to them at the beginning of camp.
- Each camper is asked to enter into the spirit of camp. The schedule is to be followed in order to receive the maximum benefit and blessing.
- No camper is allowed to leave the camp grounds or designated areas without permission from the camp director.
- Smoking, matches, fireworks, or any other unauthorized fires are prohibited.
- Alcohol, drugs and other illegal substances are prohibited.
- Boys are not allowed in the girls cabins and vice versa.
- All medicine, prescription or not, are to be given to the First Aid Technician upon arrival at camp.
- Clothing that promotes sin or sinful lifestyles are prohibited.
- Any breakage must be paid for by the person responsible.
- All electronics are not permitted including cell phones, mp3 players, ipods, electronic games,...
- Modesty is the key in clothing selection. Extremes are to be avoided.

Should infractions occur, the policy of the camp staff is to confront in love those who are guilty with the intention of seeking repentance so restoration can take place. Failure of a camper to show repentance could lead to the removal of the camper from the Kids Camp.

### IMPORTANT INFO YOU NEED TO KNOW

- A \$20 deposit is due with this completed registration at least two (2) weeks prior to the start of camp. Please return this completed form (both sides) to your Kid's Camp Coordinator.
- All checks must be made payable to your church.
- The deposit is non-refundable, but transferable to a substitute camper for the same camp.
- For specific deadline dates and more information, please contact your church office.

### T-SHIRT SIZES

Camp Shirts are \$10 each. Payment due with Deposit.

CHILD SIZE:  S  M  L  
ADULT SIZE:  S  M  L  XL

