

Carolinas District Youth Camp Registration Form

Session 1 – June 17-22, 2009 Session 2 – June 23-28, 2009

A parent/legal guardian must fill out this form. Use one form per student when registering.

GENERAL INFORMATION	MEDICAL INFORMATION
<p>Name _____</p> <p>Address _____</p> <p>City _____ State ____ Zip _____</p> <p>DOB ____/____/____ Next Grade ____ Male or Female</p> <p>Parent/Guardian _____</p> <p>Home # _____</p> <p>Cell # _____</p> <p>E-mail address _____</p> <p>Church Belmont Foursquare</p> <p>Church # 30168</p> <p>Church City Belmont</p> <p>Pastor Kevin Ford</p> <p><u>Emergency Contact NOT listed above:</u></p> <p>Name _____</p> <p>Relationship _____</p> <p>Home # _____ Cell # _____</p>	<p>Health Ins. Co. _____</p> <p>Policy # _____ Group # _____</p> <p>Name of Insured _____</p> <p>Family Physician _____ Phone # _____</p> <p>Is your child on prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If medication is being brought, a Medical Necessity Form must be completed</p> <p>List of Prescription Medications being brought to camp and when they are to be taken: <i>(medications <u>must</u> be in the container labeled by the pharmacy)</i></p> <p>_____</p> <p>_____</p> <p>(use back of form if necessary)</p> <p>Date of last Tetanus Shot ____/____/____</p> <p>Does your child have any of the following conditions?</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Allergies to Medications. List _____</p> <p><input type="checkbox"/> Allergies to Food. List _____</p> <p><input type="checkbox"/> Restricted Activities. List _____</p> <p>Non Prescription Medications permitted to be given at camp if necessary:</p> <p><input type="checkbox"/> Tylenol <input type="checkbox"/> Benadryl <input type="checkbox"/> Antacid <input type="checkbox"/> Neosporin <input type="checkbox"/> Bandage</p> <p><input type="checkbox"/> NO MEDICATIONS TO BE GIVEN</p>

Parent/Guardian Statement:

I give permission for my child to attend camp. I acknowledge that the activities at camp may contain a risk of injury. In case of an emergency, I understand that the Camp personnel will make every effort to contact me. In the event that I cannot be reached, I hereby give my permission to the physician/dentist selected by the Camp Director to hospitalize and secure proper treatment, including surgery for my child. I also certify that my child's immunizations are up to date. I agree that I am responsible for all medical expenses not covered by insurance.

I give permission for my child to received non-prescription/prescription medication as noted on the form above. On behalf of my child, I release the International Church of the Foursquare Gospel and any of its camp leaders, employees, or volunteer staff, of liable damages, losses, or injuries incurred while at camp or in travel to and from camp activities.

SIGNATURE OF PARENT/LEGAL GUARDIAN x _____ **DATE** _____

Camper's Declaration

"I will fully cooperate with the staff, abide by camp rules, and conduct myself so as not to discredit my parents/guardians, my church, or myself. I understand that breaking or defiance of camp rules could result in being immediately dismissed from camp."

SIGNATURE OF CAMPER x _____ **DATE** _____

IMPORTANT INFORMATION

1. Return Registration Form with Fee (made payable to your church) to your camp coordinator.
2. For any packets received with a postmark after June 1, a \$25 late fee will be added to each Registration Fee. Late registrations will be accepted thru June 11 with an additional \$25 late fee.
3. No registrations will be accepted after June 11.
4. Cancellations are non-refundable, but are transferable within a church.
5. Part-time camping fee available for 2 nights or less at \$75 per night. Registration dates and late fees apply.