

Christian Conference Center, Newton, Iowa

2019-2020 Weekend Retreat Camper Registration Form

Registration Deadline: Two weeks before your event begins

Return all forms to: Christian Conference Center, 5064 Lincoln St., Newton, IA 50208

Cost: \$40 per camper (adult chaperones attend for free and please register online as a volunteer via our website)

Which Retreat Are You Attending? (Circle One)

Junior Retreat
February 7-9
(Grades 3-5)

Chi Rho Retreat
November 1-3
(Grades 6-8)

CYF Midwinter
November 22-24
(Grades 9-12)

General Information

Participant

Last Name _____ First Name _____ M: _____

Male _____ Female _____ Birthdate _____ Current grade: _____

Street Address _____

City _____ State _____ Zip _____

Is this your first time attending camp at the Christian Conference Center? _____

Name of church you attend _____

Parent/Guardian with legal custody—to be contacted in case of illness or injury

Name _____ Relationship to Camper _____

Preferred Phones (_____) (_____) _____

Email Address _____ *****This address will be use to confirm registration*****

Second parent/guardian or other emergency contact

Name _____ Relationship to Camper _____

Preferred Phones (_____) (_____) _____

Email Address _____

Insurance Information

Is the participant covered by family medical/hospital insurance _____ Yes _____ No

Insurance Company Name _____ Phone # _____

Policy or Group # _____ Name of policy holder _____

Medical Information and Medical History

Allergies

_____ No known allergies

Please describe what the camper is allergic to, the reaction seen, and how it is treated

Diet/Nutrition

_____ This camper has no restrictions _____ This camper has special food needs, please describe:

Vaccinations

Are the camper's immunizations/vaccinations up to date? (Circle One) Yes/No

If no, please explain _____

Has the participant:

- Been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Y N
 - Ever been treated for emotional or behavioral difficulties or an eating disorder? Y N
 - During the past 12 months, seen a professional to address mental/emotional health concerns? Y N
 - Had a significant life event that continues to affect the camper's life? Y N
 - (History of abuse, death of a loved one, adoption, foster care, new siblings, survived a disaster, others)
 - Please explain yes answers in the space below, attaching a separate sheet if more space is needed.
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Has the participant:

In case of emergency, should medical personnel be alerted to any medical history or other concerns not listed above?

Permissions and Authorizations

Medication Information

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medications are collected, stored, and distributed by camp staff. Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring only enough medications to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

_____ This camper will not take any daily medications while attending camp

_____ This camper will take the following daily medication(s) while at camp: _____

Over-the-counter Medication Permission

Non-prescription medications are stocked in the camp Health Center and are used on an as needed basis to manage illness or injury.

_____ Camp staff has permission to administer over-the-counter medications as necessary.

_____ Camp staff has permission to administer over-the counter medications as necessary, except the following:

_____ This camper should not be given any over-the-counter medications.

Authorization For Medical Treatment

You will be contacted if:

- Your child is exposed to a communicable disease
- Outside medical attention is necessary (e.g., if we transport your child to a hospital/Dr. office)
- Your child is having discipline problems that jeopardize the safety of others

The undersigned person represents that he/she is the custodial parent/legal guardian of the above identified participant. The camper has my/our permission to attend camp from _____ to _____ (dates) at _____ (Site Name). This permission given by me/us with full knowledge of the conditions and activities contemplated during each session (see uppermidwestcc.org for more information). The participant has no physical or mental disabilities that would impair their participation except as noted above. I/We acknowledge, agree to, reconfirm and incorporate herein by reference the Release of Liability signed by me/us which is attached hereto. I also understand that the information provided on this form will be kept confidential and shared only as necessary to provide care of the participant.

I understand that camp insurance is a supplemental policy only. It will pay whatever my own insurance doesn't cover (deductible or over) up to the limit of the policy. If medical (sickness, injury) care is needed, billing will be sent to the parent/guardian who will be responsible for direct payments to physical, hospital, clinic, etc.

The participant is currently taking only medications listed above. The camper who has no allergies known to me/us except as noted on this form. The health information/history is correct as far as I/we know. In the event of illness or injury, I/we authorize the camp, physician and or hospital to undertake such treatment of and perform such services (including surgical) for the participant as are reasonably indicated by the circumstances.

I have reviewed the program/activities of the camp and feel that the camper can participate with the following restrictions (please describe) _____

Signature of Custodial Parent/Guardian: _____

Date: _____

Other Permissions

Photo Release: By checking here _____ I am indicating that I DO NOT wish for my child's likeness to be used in any online or print publications or social media by the Christian Conference Center or the Christian Church in the Upper Midwest.

Retreat Payment

Total sent with my registration (campers only, sponsors attend for free):

\$ _____

I am paying through my church (circle one):

Yes No

If yes, you're done. See you at camp!

If no, please complete the next portion:

Payment by Personal Check (made out to the Christian Conference Center):

Check Number _____ Amount _____

Payment by Credit Card:

Name of Cardholder _____ Signature of Cardholder _____

Card Number _____ Expiration Date _____

CVV Code _____ Zip Code of Billing Address _____

CCC Use Only: Amt _____ Check# _____ Date: _____

