

Christian Conference Center - Summer Camp Registration Form

Early Bird Deadline: May 1st, 2020

Late Deadline: 2 weeks before the event

General Information

Participant

Last Name _____ First Name _____ MI: _____

Male _____ Female _____ Birthdate _____ Grade to Be Completed in 2020: _____

Street Address _____

City _____ State _____ Zip _____

Is this your first year 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 used to confirm camp dates)

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

Food _____

Medicine _____

Environment (insects, hay fever, etc.) _____

Other _____

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 on a separate page.

Has the participant:

1. Ever been hospitalized? Y N

2. Ever had surgery? Y N

3. Have recurrent/chronic illnesses? Y N

4. Had a recent infectious disease? Y N

5. Had a recent injury? Y N

6. Had asthma/wheezing/shortness of breath? Y N

7. Have diabetes? Y N

8. Had seizures? Y N

9. Had headaches? Y N

10. Wears glasses or contacts? Y N

11. Has fainting or dizziness? Y N

12. Passed out/had chest pain during exercise? Y N

13. Has mononucleosis during the past 12 months? Y N

14. If female, have problems with menstruation? Y N

15. Ever had back/joint problems? Y N

16. Have history of bedwetting? Y N

17. Have problems with diarrhea/constipation? Y N

18. Have any skin problems? Y N

19. Traveled outside the U.S. in the past 9 months? Y N

20. Have problems with falling asleep/sleepwalking? Y N

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: _____

_____ 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), or 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.

Photo Permission

By initialing 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.

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: _____

Summer Camp Sign-Up

I would like to attend Camp _____ My second choice is Camp _____

If attending more than one camp, I would also like to attend Camp _____

Grand Camp and Family Camp Only: please list others you are attending with _____
Every camper (youth and adults) must complete a registration form

Grand Camp and Family Camp Only: please check preference for housing: Lodge Room _____ Cabin _____
(Lodge Rooms cost an additional \$50 per family. Cabins are no additional charge.)

Payment Information

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

Personal Check Number _____ Amount _____

Or, check here if you will be paying through your church _____

Payment by Credit Card:

Name of Cardholder _____ Signature of Cardholder _____

Card Number _____ Expiration Date _____

CVV Code _____ Zip Code of Billing Address _____