

# Camper Registration Form 2019

## Camper Information

### Camper 1

Full name: \_\_\_\_\_ Gender: \_\_\_Female \_\_\_Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Allergies:

\_\_\_\_\_

Medications:

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Please elaborate on other chronic condition or major illnesses of child. If necessary, state proper care for child as well as procedures to follow:

\_\_\_\_\_

\_\_\_\_\_

### Camper 2

Full name: \_\_\_\_\_ Gender: \_\_\_Female \_\_\_Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

*If different from Camper 1:*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Allergies:

\_\_\_\_\_

Medications:

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Please elaborate on other chronic condition or major illnesses of child. If necessary, state proper care for child as well as procedures to follow:

\_\_\_\_\_

\_\_\_\_\_

Camper 3

Full name: \_\_\_\_\_ Gender: \_\_\_Female \_\_\_Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

*If different from Camper 1:*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Allergies:

\_\_\_\_\_

\_\_\_\_\_

Medications:

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Please elaborate on other chronic condition or major illnesses of child. If necessary, state proper care for child as well as procedures to follow:

\_\_\_\_\_

\_\_\_\_\_

**Parent or Guardian Information**

Mother's Name: \_\_\_\_\_ Please Check: \_\_\_Ms. \_\_\_Mrs.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

*If different from Campers:*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

*If different from Campers:*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Authorized Pickup**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Field Trip Consent

I give my son/daughter permission to attend the Cool Camp activities that will not take place on the Adventist church property (i.e. Pool, Lake, park, etc.). I herewith release and hold harmless Cool Camp of any claims of personal injury.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Permission for Medical Treatment

In the event of an emergency occurring while my son/daughter is at Cool Camp on the grounds of the hosting Seventh-day Adventist church and public facilities used by the camp, I hereby grant permission to the camp and to its employees to take whatever action deemed necessary.

In the event that I cannot be reached, I hereby authorize the camp and/or its employees to give consent for my son/daughter to receive medical treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Medical Contact Information

Secondary Emergency Contact Person (Different from parent/guardian):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital/ Medical Facility Preference: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

## Waivers

### 1. Insurance

I fully understand Cool Camp; a program of the hosting Seventh-day Adventist Church does not provide any accident or health insurance coverage for my son/daughter. I fully understand that it is my responsibility to provide accident insurance coverage for my child.

Please specify the following for which your child is covered:

Insurance company: \_\_\_\_\_

Policy type: \_\_\_\_\_ Identification number: \_\_\_\_\_

### 2. Liability

As the parent or guardian of a minor child participating in activities of Cool Camp, a program of the Seventh-day Adventist Church, I hereby waive and release any claims I, or my child may have against Cool Camp, the local hosting church, and its employees arising from injuries to my child or damages to my child's property, under the care of Cool Camp. I further understand that Cool Camp is neither certified nor licensed as a day care provider. In the event of any injury to my child to a medical facility, and / or provide my child with emergency treatment or first aid. I understand that Cool Camp does not assume any unstated written / responsibilities to take care of any emergencies beyond the scope of the Cool Camp program.

### 3. Technology

MP3 players, cell phones, etc. are not permitted. We ask that each camper leave these items at home. Under the circumstances that these items are brought to camp, Cool Camp and / or its employees will not be held responsible for any loss or damage. When a child is seen using such technology without permission they will be asked to put it away on first offense and confiscated to be returned at the end of the day on the second offense. If you need to contact your child during the day, please contact the Cool Camp Director.

### 4. Emergency

In case of accident or serious illness the adult in charge will try to contact me at the number given on this form. If the adult in charge is unable to contact me, I hereby authorize the camp director or staff member to take my child to the physician indicated or the nearest medical facility.

### 5. Photo and Video Release for minors

The Shermans Dale Seventh-Day Adventist Church has my permission to use my child(ren)'s photograph and or audio/video recording publicly to promote Cool Camp. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

These waivers and releases shall be valid for the duration of the session in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated. I certify that I have the parent or legal guardian of the child /or children listed above. I verify that the information I have provided is correct and current.

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Parent / Guardian Signature

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Date