

# YOUTH CAMP REGISTRATION

**One child per registration form please.** Registrations after June 1st will still be accepted if openings are available. The age of youth campers is calculated according to the grade they will enter in the fall of 2010. Youth Camp prices are \$235.00

**Please check one:**

Grades 3-4, June 13-19  
 Grades 5-6, June 20-26

Grades 7-8, June 27-July 3  
 Grades 9-12, July 4-10

Camper Name: \_\_\_\_\_  Male  Female Birth date: \_\_\_\_\_ Grade entering as of 9/10: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Email (for registration confirmation): \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_

Parent(s)/Guardian's Name (please print): \_\_\_\_\_ Phone: Daytime (\_\_\_\_) \_\_\_\_\_

Home Church (if applicable) \_\_\_\_\_ Permission granted for Riflery Course?  Yes  No (considered No, if no indication)

Cabin Mate Requests: No more than **two** friends. Camper will be granted at least one of their requests. \_\_\_\_\_

Emergency Contact (other than yourself): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**If you would like to contribute to one of the following funds, please Add contribution to pre-registration total.**

Youth Scholarship, New Chapel or General Fund (circle one) - Thank you. \$ \_\_\_\_\_

PAYMENT

- A non-refundable pre-registration fee of \$50.00 must accompany your registration form. It is non-refundable after **June 1, 2010**. This fee is included in the total price of each youth camp.
- All fees must be paid in full by June 1st.

## HEALTH and liability release form (For Youth Camper only)

Camper Name: \_\_\_\_\_ Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any restrictions, physical impairments and/or necessary limitations of activities? \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_ (**Must** be within last 10 years)

Known Allergies and Reaction to Allergen (excluding "seasonal" allergies) \_\_\_\_\_

Past Pertinent Medical History (i.e. diabetes, asthma, heart problems, seizures, etc.)? If yes, please describe on a separate document.

Medically Required Dietary Restrictions \_\_\_\_\_

**Medication Policy:** Medications brought to camp **MUST** be given to the camper's counselor to be handed to our First Aid Staff. All prescription medications **MUST** be in the original container with the camper's name, name of medication, and directions clearly marked on the pharmacy label. All over-the-counter medications **MUST** be in the original container and accompanied by parental instructions. Medication with no identification **WILL NOT** be given.

Over-the-Counter Meds available at camp:

The following medications are administered as needed by Camp Staff. Please

**CHECK ANY MEDICATION THE CAMPER SHOULD NOT RECEIVE.**

<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Neosporin	<input type="checkbox"/> Robitussin Cough Syrup	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Immodium
<input type="checkbox"/> Throat Lozenges	<input type="checkbox"/> Sudafed	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Loratidine (Claritin)	
<input type="checkbox"/> Tums	<input type="checkbox"/> Pepto Bismol	<input type="checkbox"/> Day Quil	<input type="checkbox"/> Hydrocortisone Cream	

I authorize the staff on duty at Clydehurst to administer first aid as required of illness or injury. In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Clydehurst to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child (named above).

I voluntarily waive any claim against Clydehurst, its camp personnel, or other person(s) transporting my child, against all liability, claims, damages, attorney fees, expenses arising out of any loss, personal injury, accident, misfortune or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

I further authorize the camp to use photos or videos taken of my child at camp for Clydehurst promotion and advertising including print media for camp brochures, articles, and camp websites. At no time will camp photos be used by unrelated organizations.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mailing address on reverse side