

# Camp Emmanuel 2019 Camper Registration Form



Camper Name(s): \_\_\_\_\_  
 (Family campers please list all) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Church: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_

(1) Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(2) Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Camper's Birthday(s): \_\_\_\_\_  
 Last Grade Completed: \_\_\_\_\_  
 T-shirt Size(s):  Youth Small     Youth Medium     Youth Large     Adult Small  
 (One t-shirt is included in the  Adult Medium     Adult Large     Adult XL     Adult 2XL  
 cost of camp for each child)  Adult 3XL     Other Size or extra shirts (\$15): \_\_\_\_\_  
 Camper's Gender:  Male     Female  
 Cabin Request: \_\_\_\_\_ Camper's Age: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ Can camper swim?  Yes     No

## Medical Information

Known Allergies: \_\_\_\_\_  
 Epi-Pen?:  Yes     No    If yes, does camper know how to use it?  Yes     No  
 Dietary Restrictions: \_\_\_\_\_

Please list all medications your camper needs to take at camp. All medications must be properly labeled and given directly to your camp's Director. Please include any instructions necessary for proper administration.

Medicine(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any camp activities your camper should **not** participate in due to physical/psychological reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of person or persons picking up your camper: \_\_\_\_\_  
 (If church van, list church as well)

Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_  
 List anyone who is NOT allowed to pick up or contact your camper: \_\_\_\_\_

**Release Authorization**

In signing this application, I certify that all information provided to Camp Emmanuel is correct. I certify that my child is in good physical health and I give permission and consent for my child to participate in any and all camp activities. Camp Emmanuel accepts everyone regardless of race, color, creed, sex, handicap, or national origin. All campers are expected to be ambulatory and able to feed, clothe, and bathe themselves. Facilities are rustic, and the terrain and program are rugged.

I understand that children at camp can become ill or have an injury and need medical attention. I give permission to the camp director/staff to give over the counter medication (such as Tylenol, etc.) to my child as proper treatment as deemed necessary for minor ailments.

In case of medical emergency, I give permission to the physician, nurse, hospital, etc. selected by the Camp Director (or his representative) to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child in the event I, or my emergency contacts listed above, cannot be reached. Primary insurance coverage is the camper's family insurance in case of accident or illness at camp. Limited secondary insurance is provided. Campers' personal property is not insured.

I understand that the nature of outdoor camping ministries includes some risk of injury and that children at camp can injure themselves without fault on the part of camp personnel. I release Camp Emmanuel, and their representatives, from responsibility for injury to my child.

**Anyone, including parents, picking up campers must be written on the pre-approved pickup list and bring photo identification.**

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_