

Camp Emmanuel 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.

I acknowledge that my camper and I understand and agree to follow the Camp Emmanuel guidelines including the COVID-19 prevention and response measures outlined on the camp website: <https://www.campem.com>.

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: _____