

2019 STRONGHOLD TRAVELING DAY CAMP CRETE UMC REGISTRATION FORM

July 8-12, 2019, \$5/camper

Only **ONE camper per registration form**,

you may photocopy this form to register more campers.

Please drop off forms at Crete United Methodist Church, 1321 Main St., Crete, IL

Make checks payable to: **CUMC Before & After School Program**

* Denotes a **REQUIRED** field

PLEASE ANSWER COMPLETELY and PRINT CLEARLY



First Name* _____ Last Name* _____

Address* _____ Phone* _____

City _____ State _____ Zip _____

Email Address* _____ @ _____

Birthdate* ___/___/___ Age* _____ Gender* _____ Grade completed by June 2019* _____

Custodial Parent/Guardian* (to be used as Primary Contact) _____

Relationship to Camper* _____ Phone* _____ Alt. Phone* _____

Secondary Contact* (If Primary Contact is unavailable) _____

Relationship to Camper* _____ Phone* _____ Alt. Phone* _____

HEALTH HISTORY

Any changes or updates to this form **MUST** be provided upon participant's arrival at camp

Please provide any additional information about the camper's behavior and physical, emotional, or mental health which would help us to better understand and nurture your child

Medications*

If you are sending medication to camp you **MUST**: Keep all medication in its original container with correct dosage and frequency information from the doctor. Present ALL medication to the Stronghold Day Camp Director at registration.

Please list ALL medications (prescription and over-the-counter) taken routinely.

<input type="checkbox"/>	This camper takes NO medication on a routine basis
<input type="checkbox"/>	This camper takes medications as follows:
Med # 1	_____ Dosage _____ Times Taken _____
Reason for taking	_____
Med # 2	_____ Dosage _____ Times Taken _____
Reason for taking	_____
<i>Please attach additional pages for more medications</i>	
<input type="checkbox"/>	This camper only takes medications during the school year. Please list school year medications taken _____

Continued on reverse side

ALLERGIES* – List all known (please use additional sheet if required)

Food allergies _____

Other allergies (insect bites, hay fever, etc.) _____

Describe reaction and management of the reaction: _____

HEALTH HISTORY* Please check if yes Has/does the camper:

___ Have a chronic/recurring illness or condition?

___ Have frequent headaches?

___ Have frequent ear infections?

___ Have heart disease or a heart defect?

___ Wear glasses or contact lenses?

___ Have diabetes?

___ Ever passed out during exercise?

___ Ever had seizures?

___ Need any restrictions to camp activities?

___ Other?

Please explain any "yes" answers _____

IMMUNIZATIONS*

Date of last tetanus shot _____ Are the campers immunizations up to date? Y N

Your physician's name _____ Office Phone _____

Insurance Information*

Is the camper covered by family medical/hospital insurance? YES _____ NO _____
A photocopy of your insurance card is **requested**

Carrier: _____ Policy/Group # _____

Please initial in the space provided (_____) as agreement to all permissions requested

This REGISTRATION FORM is correct so far as I know and by registering the camper named on this registration, I hereby give permission for him/her to fully participate in all camp activities. (_____)

I hereby give permission to Stronghold Camp & Retreat Center and **Crete United Methodist Church, (Crete, IL)** to provide or arrange emergency care and transportation for my child in the event of an emergency. (_____)

In the event I cannot be reached in an emergency, I hereby give permission to the receiving hospital and physician to secure and administer treatment, including hospitalization, for the person registered on this form. (_____)

I hereby give permission to Stronghold Camp & Retreat Center staff to dispense my child's prescription medication at the time(s) listed on this form. (_____)

I hereby give permission to Stronghold Camp & Retreat Center staff and **Crete United Methodist Church, (Crete, IL)** to share and exchange medical information about my child with the following:

The Camp Counselor and Traveling Day Camp Director for my child. (_____)

The emergency contact person listed on this form, if I cannot be reached. (_____)

The emergency first responders and to the receiving hospital/physician (_____)

I hereby give permission for pictures and/or video of my child to be taken and used as part of future promotion including but not limited to brochure, posters, flyers, social media posts, and other forms of publicity materials for Stronghold and **Crete United Methodist Church, (Crete, IL)**. If I do not give consent to promote Stronghold Camp & Retreat Center, it is my responsibility to attach a separate form to this document stating so, along with the camper's name and signature of the parent/legal guardian and printed name.

SIGNATURE of Parent/Guardian* _____ PRINTED NAME* _____

DATE _____