

JAM CAMPER Registration Form

Camp Dates: June 17-21, 2019

TOTAL COST:

CAMPER'S INFO

Camper's Name: _____

Father/Guardian: _____

Address: _____

Email: _____

City: _____

Cell Phone: _____

State: _____ Zip Code: _____

Employer's Phone Number: _____

Grade: _____ D.O.B. ____/____/____

Male Female

Emergency Contact other than Parent/Guardian

Church: _____

Name: _____

City: _____ Sr. Pastor: _____

Email: _____

Camp Coordinator/Admin: _____

Home/Cell Phone: _____

Phone: _____

Relationship to Camper: _____

Email: _____

Person(s) designated to pick up child:

PARENT/GUARDIAN/EMERGENCY INFO

Names: _____

Mother/Guardian: _____

Phone: _____

Email: _____

Cell Phone: _____

Person(s) **NOT** designated to pick up child:

Employer's Phone Number: _____

Names: _____

Camper's Declaration:

I will fully cooperate with the staff, rules, and program established by the camp so as not to discredit my parents, my pastor, my church, or myself.

Camper's Signature: _____

Pastor's Recommendation:

I recommend this camper as one who will cooperate with staff, rules, and camp program. I understand it is my responsibility to see that the camper is picked up if he or she does not cooperate.

Camper's Signature: _____

The registration fee includes all activities such as addition to lodging, meals, backpacks, pool time, hikes, and a whole lot more!

**Cancellations are nonrefundable, but are transferable within the same age-group of the church. Transfers made within two weeks of the camp's start date may only be within the same age-group and gender.

CAMPER'S MEDICAL HISTORY
-To be completed and verified by physician-

Health Insurance Co. _____ Policy # _____ Group # _____

***New Requirement by the STATE: Please attach immunization records to the application.**

Do you have any of the following conditions?

Diabetes: Yes No Tuberculosis: Yes No
Epilepsy: Yes No Other: _____
Asthma: Yes No

Allergies (severe reactions only):

Hay Fever: Yes No Penicillin: Yes No
Ivy Poison: Yes No Insect Stings: Yes No

Food, Drugs, Other: _____

(If allergy exists, please send proper medication.)

List any surgeries had in the last two years:

Restricted Activities: _____ **Dietary Restrictions:** _____

Standard Over-the-Counter/PRN Medications:

The following medications can be administered by camp medical personnel if approval is indicated by the camper's health care provider. Unless otherwise specified on this form, the route of administration, dosage, and schedule will be determined based on the manufacturer's instructions as appropriate for camper's age, weight, etc. Generic equivalence of name-brands may be administered; please indicate if a child has an allergy to specific name-brand drug. Medications should be brought to camp in **LABELED CONTAINERS WITH DOSAGE INFORMATION INCLUDED. Cross out those which your camper should NOT be given.**

Acetaminophen (Tylenol)	Cough Drops	Pseudoephedrine (Sudafed)
Activated Charcoal	Guaifenesin DM (Robitussin)	Ibuprofen (Advil)
Aloe Vera	Diphenhydramine (Benadryl)	Ipecate
Bismuth Chew Tabs (Pepto-Bismal)	Double Antibiotic Cream	Kaopectate
Night Time Cold Formula	Lidocaine 2% Topical	Calamine Lotion
Chlorpheniramine (Chlor-Trimeton)	Hydrocortisone Cream	Opcom-A eye drops
		Tums antacid

Is the camper on prescription medication? Yes No Does the camper use Bee Sting Epinephrine? Yes No
If yes to either, please list exactly what and when it is to be taken: *(Attach additional information as needed.)*

Dr's Name: _____ **Dr's Address:** _____

Dr's Phone: _____

I have examined this person and found him/her to be in satisfactory physical condition, free from any apparent contagious disease and capable of active participation in a regular program.

Dr's Signature: _____ **Date:** _____

Parental Medical and Activity Release:

My child will cooperate with the staff, rules, and program of the camp. I understand that I am responsible for my child's actions and will be held financially responsible for any damage done by child. I will pay for any and all repairs incurred by such damage. I acknowledge that many of the camp/sport activities listed below contain inherent risk of injury. Any controversy or claim arising out of or related to the student's participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association. It is understood that the camp officials will make a conscientious effort to locate contacts listed on the form before any action is taken. I understand that my own insurance is primary, our church activities insurance is secondary, and the camp policy is third. I hereby consent to my child participating in all camp activities. I consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor, or other first-aid personnel. I will accept the expense of emergency medical or surgical treatment. I also give consent from my child to go on authorized trips away from camp premises. I understand photos and videos will be taken throughout the camp session as part of the program, and I release any media to be used for promotional purposes only.

Parent/Legal Guargian Signature: _____

Date: _____