

## Churches of Christ in Christian Union

**Summer Camp Registration**

Please **PRINT** and carefully complete this form. Only one camper per form. Payment of the entire camp fee is required with this registration. Refunds are permitted up to one week prior to the start of each camp.

**Section 1: Camp Selection**

Please check for which camp you are registering. (Select only one)

WCD Teen Camp       WCD Kids Kamp

**Section 2: Camper Information**

Camper's Name \_\_\_\_\_ Gender:  Male  Female

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age at time of camp \_\_\_\_\_ E-mail \_\_\_\_\_

Home Church \_\_\_\_\_ Denomination \_\_\_\_\_

School \_\_\_\_\_ Grade Completed \_\_\_\_\_

Parent/Guardian Name 1. \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name 2. \_\_\_\_\_ Phone \_\_\_\_\_

Roommate Request 1. \_\_\_\_\_ 2. \_\_\_\_\_ T-shirt Size \_\_\_\_\_

**Section 3: Camper Pledge**

I promise to attend all activities and services, unless officially excused, to obey all the rules of the camp and the grounds, and to conduct myself as a lady/gentleman at all times.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE SIDE TWO**

## CAMP REGISTRAR USE ONLY

Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Room # \_\_\_\_\_ Team # \_\_\_\_\_

## TO BE COMPLETED ON DAY OF DEPARTURE ONLY

Picked up by: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

# Medical Information & Release

The information below is necessary for the camp nurse and/or coordinators to adequately treat your child in the event of an injury or illness. All information will remain confidential.

## Section 4: Personal Information

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/ID \_\_\_\_\_

## Section 5: Medical History

Is this child up to date on all immunizations?  Yes  No Date of last tetanus booster \_\_\_\_\_

Medications your child is currently taking: \_\_\_\_\_

**All medications must be turned in to the camp nurse at check-in. Medications must be in their original container with the patients name and the name of the medication on the bottle.**

Allergies: \_\_\_\_\_

Is this child able to participate in strenuous activities such as swimming and athletics?  Yes  No

Chronic or existing illnesses, past medical treatments or other current medical conditions:  
\_\_\_\_\_

## Section 6: Emergency Contact

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

## Section 7: Parental Release

I understand that my child is under the supervision of quality leadership while attending camp. However, I also understand that my child will be participating in activities that could cause possible injury, such as swimming, sports, canoeing or construction projects depending upon the camp he/she is attending. I understand that great care is taken to ensure the safety of my child but that some of the activities may be dangerous by nature. Therefore; I release the camp and its governing board(s) as liable or responsible for injuries in the event of a lawsuit. I also give permission for my child to be transported off campgrounds for participation in camp activities. Furthermore, I authorize the Camp Coordinator, Assistant Coordinator, Camp Nurse, or any other official they deem appropriate to seek any necessary examination, treatment and/or hospital care for the camper named above under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the State of Ohio. I grant permission for photographs to be taken of my child for camp directories and for publicity use.

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

If I am unable to pick my child up, I give \_\_\_\_\_ permission to bring my child home.