



PLEASE PRINT LEGIBLY

Name: _____ Age: _____ Gender: M F

Mailing Address: _____

Church (including city): _____ FWB? Y N

If not, what FWB Church have you come with? _____

Have you been treated by a physician within the past 6 months? Y or N

Brief nature of treatment _____ Are you presently taking medication? Y or N

Do you have it with you? * _____ Are you allergic to any medication? Y or N If so, please list _____

Do you have allergies to weeds, pollen, insects, etc.? _____ If so, please list: _____

IMPORTANT MEDICAL NOTE: In the event of a medical emergency, a Youth Camp Representative will try to contact the parents/guardian of the camper. However, there are times when this is not possible. For this reason, the parent/guardian is required to fill out the EMERGENCY MEDICAL STATEMENT on the back of this sheet. No camper will be admitted without this information.

CAMP RULES

1. Anyone who spends the night at camp must first register.
2. Anyone who damages camp equipment or property shall pay for those damages.
3. No one shall bring/use tobacco, narcotics or alcoholic beverages on campgrounds. Vaping is also prohibited. Those who do so may be expelled from the camp and lose further privileges.
4. Profanity will not be tolerated by anyone on the campgrounds.
5. No one shall move camp items from one place to another without permission from the camp board. Items that are moved must be returned before camp is over.
6. No container or device shall be used to propel or project any substance on another person or property. This includes shaving cream, paint, water balloons, etc. Any damages will be paid for by those responsible. Some water games may be played under the supervision of the Camp Board.
7. A person must be at least 20 years old before serving as a sponsor. Sponsors are expected to chaperone his/her campers, including enforcing the dress code, and minister to their needs throughout the week.
8. Each church sending boys and girls to camp must provide a sponsor for them or coordinate with another church prior to registration.
9. Campers are required to attend all assemblies, classes and worship services. All sponsors and workers are expected to attend evening worship services.
10. After registering, no one shall leave the campgrounds without notifying the camp director or board member and signing the checkout list.
11. **All medication of campers will be stored at the First Aid Center and dispensed by the camp nurse. Prescription medication must be in original container. This is done to ensure the safety of your child and others.**
12. Health regulations require that no unauthorized persons shall be in the kitchen area. No unauthorized person shall take ice from the icemaker in the dining hall.

SPECIAL NOTE CONCERNING CELL PHONES – Cell phone use should be kept to a minimum. Cell phones are prohibited in restrooms and the pool house/pool area.

DRESS CODE

All clothing should be loose fitting and modest. Leggings and yoga pants are not acceptable unless covered by knee length shorts or skirts. **Knee length apparel is acceptable and expected.** Tops must be full length, covering the shoulder and midriff. No spaghetti straps, tank tops, or muscle shirts. EVERYONE IS ENCOURAGED TO LOOK HIS/HER BEST FOR WORSHIP. We encourage the wearing of khakis or skirts which cover the knee, but nice jeans or modest knee length apparel and a clean shirt is acceptable. Following the dress code is a matter of respect and a desire to maintain a Godly focus throughout the week.

Please read the rules and sign your name on the following line. By doing so, you agree to abide by all of the camp rules.

Camper Signature

Parent/Guardian Signature

EMERGENCY MEDICAL INFORMATION

No child will be admitted to camp without the following information filled out and signed by parent/guardian.

EMERGENCY MEDICAL STATEMENT: I, _____ (parent/guardian),

by my signature below, hereby authorize the Youth Camp Board, or representative(s) to secure emergency treatment necessary to maintain the life or health of my child whose name appears on this form. I am signing this statement in the presence of a witness, and by my signature, I authorize the attending physician and/or hospital staff to treat my child for any injury or condition that would threaten his/her life or well-being.

Parent/Legal Guardian of Camper _____

Witness Information: I, _____, do hereby promise that I have seen the parent/legal guardian read and sign the above EMERGENCY MEDICAL STATEMENT and that the signer is indeed the parent/legal guardian or the camper. I do further promise that I am an adult and of sound mind.

Witness Signature: _____

Name of Family Physician _____

Phone number of Family Physician (including area code) _____

Please list below numbers where you may be reached in case of emergency:

****All medication of campers will be stored at the First Aid Center and dispensed by the camp nurse. Prescription medication must be in original container. This is done to insure the safety of your child and others.***

SPECIAL NOTE ABOUT CAMP INSURANCE

The Youth Camp insurance carrier is Brotherhood Mutual Insurance Company. The insurance coverage provided by the camp is called Excess Insurance. Here is a brief description of coverage:

1. Coverage is ONLY for accidents. There is no coverage for sickness.
2. Should an accident occur, all charges must first be submitted to the camper's personal/private insurance carrier.
 - a. If the personal/private insurance carrier has a deductible, Camp Insurance will pay this deductible, not to exceed its limits.
 - b. If a balance exists after the personal private insurance carrier has paid to its limit, Camp Insurance will pay unpaid balance, not to exceed limits set by Brotherhood Mutual.
 - c. If there is no personal/private insurance, Camp Insurance shall serve as primary carrier and pay up to its limits
 - d. Brotherhood Mutual will not pay unless all necessary information is provided. Failure to do so will result in personal responsibility for unpaid balance.
3. Since all claims must be first submitted to personal/private insurance company, please give the following information:

Name of personal/private insurance provider: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Policy # _____

If you do not have personal/private insurance coverage, check here: ___