

Camp Salvation Staff Kid Registration

Last Name _____ First _____ Middle _____

DOB _____ Male _____ Female _____ Home Phone _____

Parent/Guardian Attending with: _____

Father's/Guardian's Name _____ Phone # _____

Address _____ Cell # _____

Place of Employment _____ Work # _____

Mother's/Guardian's Name _____ Phone # _____

Address _____ Cell # _____

Place of Employment _____ Work # _____

In Case of Emergency:

If parents cannot be reached, persons to contact:

Name _____ Home # _____ Cell # _____

Name _____ Home # _____ Cell # _____

Circle Week Attending:

Senior Camp 1

Intermediate Camp 1

Junior Camp 1

Senior Camp 2

Intermediate Camp 2

Junior Camp 2

Circle the size of shirt needed

Youth

Adult

SM M LG

SM M LG XLG 2X

Additional Information

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached I give permission to the physician selected by an authorized person to hospitalize and give proper treatment for my child, (including emergency surgery). I also give my permission to administer any discipline necessary for the safety and well-being of my child and other people at camp. I realize that there are various risks involved by participating in camp activities. In signing this application we acknowledge and accept the risks involved and agree to obey all camp rules and policies.

By signing below you are also consenting to the following unless otherwise noted.

I give permission for (Childs Name) _____

- To participate in all camp activities except the following:

- To keep the camp rules and policies listed above.
- Pictures taken of camper to be used in camp brochure and advertisements.
- To be transported by staff for supervised off-site activities in staff/camp vehicles.

Parent/Guardian Signature: _____

Date _____

A Completed Statement of Health must be sent with this form OR it may be brought to camp, before admittance will be granted. Even if you will be at Camp, child care licensing law requires this form to be on file.

Please keep in mind that you are ultimately responsible for your child's well being while at Camp Salvation if they are not a registered Camper.

Statement of Health for enrollment in Camp Salvation

Name: _____ Birth date: _____

In case of emergency please contact:

1. Name/Relation _____ Phone # _____

2. Name/Relation _____ Phone # _____

3. Other _____ Phone # _____

Known Allergies and description of reactions:

Has the camper had any Past Illnesses, Surgery, Accidents, or Chronic Health problems we should know about?
(This information is for the Camp Nurse's use)

Describe any physical condition requiring the camp's special attention.

Are all immunization shots current to date?

****All medications must be turned in to the Camp Nurse upon registration in the original prescription containers. With permission and instructions from the parent or Health Care Provider before we can give them out.***

In order for the Camp Nurse or first aid responder to administer medications they deem appropriate (and only according to their directions) please check any of these over the counter meds you would approve of, for fever,

headaches, or body pains etc.

____ Acetaminophen (Tylenol) _____ Pepto-Bismol

____ Ibuprofen (Advil, Motrin) _____ Tums

____ Antibiotic Ointment (for minor abrasions) Other _____ (If we have it)

The following is to be filled out by a licensed Physician or other Health Care Professional that has seen the individual in the last 24 months. Please attach a current physical if available.

Health Care Provider: This section to be completed by your health care provider only:

Date of last exam _____ (Needs to be in the last 24 months to be current*)

Physical exam: ___ Normal ___ Abnormal-Please explain

Recent weight _____ Height _____ Heart rate _____

Blood Pressure _____ Respiratory System _____

I verify that (Camper's Name) _____

Is cleared to participate in all Camp activities unless otherwise stated.

Health Care Provider _____ Date: _____

Health Care provider's address _____

City _____ State _____ Zip _____ Phone # _____

Parent/ Legal Guardian _____ Date: _____

**If this Health Care form is over a year old, I affirm that no changes have occurred in my child's health over the last 24 months:*

**Parent/Legal Guardian _____ Date: _____*
