

Children's Camp

CAMPER'S REGISTRATION FORM

Camp Date:

July 22-26, 2019

► Staffed by Nebraska Churches
(Registration Deadline June 19, 2019)

Fee BEFORE June 19: **\$90.00**
Late Registration Fee*: **\$130.00**
(*You may not receive a t-shirt.)

Circle a T-shirt size:

Youth Sizes: Sm (6-8) • M (10-12) • L (14-16)
Adult Sizes: Sm • Med • Large • XL • XXL

AUTHORIZATION TO PARTICIPATE

The undersigned represents that I am the parent or guardian of the above identified minor and am giving permission for them to attend camp. This permission is given by me with the knowledge of the conditions and activities planned during the event. I know of no physical or mental disability which would impair this individual's participation except as noted below or on the reverse side of this form.

MEDICAL CARE AUTHORIZATION

I understand that in the event of illness or injury, every reasonable effort will be made to provide proper and prompt medical attention and to receive verbal authorization from me before medication is prescribed or medical procedures are begun; however, I do hereby authorize the camp nurse, physician, and/or hospital to undertake such treatment of and perform such services (including surgical services) for the individual named above as are reasonably indicated by the circumstances without such authorization. Telephone numbers where I may be reached:

Home: (_____) _____
Work: (_____) _____
Cell: (_____) _____

Signature of Parent/Guardian

Date

Church You Are Attending With: _____

CAMPER INFORMATION

This form is to be completed by the participant's parent or legal guardian and must be returned before the individual may attend Children's Camp.

Name: _____

Phone Number(s): _____

Name Child Goes By (For Nametags) _____

GENDER (Circle One): M F Date of Birth: _____ Age: _____

Last School Grade Completed: _____

Mailing Address: _____

City _____ State _____ Zip _____

We will be taking group photos and candid activity shots throughout the week for use in future camp promotion materials. May we have permission to include your child in these photos? Y N

CURRENT MEDICATIONS AND ALL OTHER MEDICAL INFORMATION MUST BE ATTACHED. Please also list any commonly used over the counter medications that your child may need for allergies, pain, upset stomach, etc... specify preferred brands.

HEALTH INSURANCE COVERAGE

Our camp has an insurance program to pay for the medical expenses of injuries that result from an accident that occurs while anyone is involved in an event sponsored by us. Our policy **DOES NOT** cover illness. Furthermore, our insurance is **SUPPLEMENTAL** to the insurance you carry yourself. Our policy will pay whatever your insurance does not pay (including deductibles) of any covered expense up the limit of our policy. If you do not have medical insurance, our policy will pay for all covered expenses up to the limit of our policy. If medical care is needed, expenses will be billed to you and/or your insurance company.

You may attach a copy of your medical card, but it is not required.

Policy Holder's Name: _____

Relationship to Attendee (If other than self): _____

Address of Insured: _____

Health Insurance Company: _____

Policy #: _____

Address of Company: _____

if the camper IS NOT covered by insurance, please sign the following statement:

I hereby state that I have no health insurance in force at the present time that covers the above named camper.

Signature of Parent/Guardian

Date

**Return fees and completed forms to: Your Church Appointed Camp Coordinator
Make Checks Payable to your church.**