



HEARTLAND CHURCH NETWORK

# CHILDREN'S CAMP



## Camper's Registration Form

Camp Date: July 18-22, 2022

Registration Deadline: June 22, 2022

Fee before June 22: \$90.00

Late Registration Fee\*: \$130.00

Circle a T-shirt Size:

Youth Sizes: Sm (6-8) M (10-12) L (14-16)

Adult Sizes: Sm M L XL XXL

\*A t-shirt is not guaranteed for late registration.

Church Attending with: \_\_\_\_\_

### CAMPER INFORMATION

This form and the Medical Information Form are to be completed by the participant's parent or legal guardian and MUST be returned before the individual may attend Children's Camp.

Name: \_\_\_\_\_

Gender: Male Female

Name Child Goes By (for nametags): \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_

Last School Grade Completed: 3rd 4th 5th 6th

Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### CAMP POLICIES

**Head Lice:** In the event that a camper is found with live head lice, parents will be notified to pick up their child. Please treat child before camp if necessary.

**Bed Wetting:** If your child has overnight bladder control problems - please send along extra pajamas and protective undergarments. **Discretion will be maintained by your child's Cabin Leader.**

**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.

**AUTHORIZATIONS - MUST BE SIGNED BY A PARENT OR GUARDIAN**

#### 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:

#### PHOTO AUTHORIZATION

May we have permission to include your child in photos? YES NO

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Return fees and completed forms to: Your Church Appointed Camp Coordinator.

Make Checks Payable to your church.



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## Medical Information Form

If the Leader, Jr. Leader, or Camper is NOT covered by insurance, sign the following statement:

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### 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): \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address of Insured (if different than attendee):  
\_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

### EMERGENCY CONTACT INFO

Emergency Contact #1:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact #2:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### ATTENDEE'S INFORMATION

This form is to be completed by the participant's parent/guardian if under 19 or by your self if you are a leader. This form MUST be returned before the individual may attend camp as a CAMPER or LEADER.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ (only required if under 19 years of age)

### CHRONIC MEDICAL ISSUES

Please place a check next to any chronic issues the camper/leader has and include any specific information that the camp staff needs to know.

None

Bleeding Disorders

Behavioral

Asthma

Heart Defect/Disease

Ear Infections

Bed-Wetting

Diabetes

Other (specify):

### ALLERGIES

Please place a check next to any allergies the camper/leader has and include any specific information the camp staff needs to know.

None

Food

Insect Bites

Medicine/Drugs

Plants/Pollen

Animals

Other (specify):

List ALL medications on the back.

# Medication Information

## MEDICATION INFORMATION

Any medications sent to camp need to have detailed instructions printed on the bottle/package. If your child has multiple medications, please put them all in a large zip-loc bag labeled with your child's name and a phone number where you can most easily be reached. We have an excellent nurse who dispenses all of our medications, but we need legible and complete instructions. Thank You!

Do not forget to list (and send along) frequently used Over-the-Counter medications for allergies, pain, stomach ache, etc...

Attendee's Name: \_\_\_\_\_

## LIST ALL MEDICATIONS

Medication	When to give	Dose	Other Information

Other Comments or Notes about Medications: