

2019 Camper Registration

IMPORTANT: Before completing, please read all instructions and policies
TYPE OR PRINT LEGIBLY IN DARK BLUE OR BLACK INK



CAMP CHOICE:

Camp Name: _____ Camp #: _____ Cost: \$ _____

CAMPER'S INFORMATION:

First Name: _____ Last Name: _____ Gender: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Date of Birth ____/____/____ Telephone: _____ E-Mail: _____

Attends Church at: _____ School Grade for **FALL 2019**: _____

Camper live with (circle one): Both Parents | Mother | Father | Other: _____

(Name/Relationship to Camper)

Each camper will receive a camp t-shirt, please circle the appropriate shirt size:

Youth S | Youth M | S | M | L | XL | XXL

Parent/Guardian Information

= Spouse/Mother/Guardian's Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

= Spouse/Father/Guardian's Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

= Emergency Contact Name: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell _____

I give permission for _____ to attend camp and participate in all of the activities.

Signature of Parent/Guardian _____ Date: _____

Signature of Participate _____ Date: _____

Please complete ALL of the required forms: Health, Pick-Up Release, Camper Covenant, Activity Permission, Photo Release.
Return the completed forms to Asbury Church along with payment. Payment may also be made online.
Asbury Church: 2801 W. 15th Street, Wichita, KS 67203
If you have any questions, please contact Patty Morris by email patty.morris@asburychurch.org or 316-942-1491.



Camper Activity Permission Form

Participant Name: _____ Date(s): _____

Please complete ALL of the required forms: Health, Pick-Up Release, Camper Covenant, Activity Permission, Photo Release.
Return the completed forms to Asbury Church along with payment. Payment may also be made online.
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I understand that my camper's/or my own participation in activities at Camp Chippewa is completely voluntary and I have familiarized myself with the camp's program and activities in which my camper's/myself may be participating in.

I recognize that certain hazards and dangers are inherent in any activities, and this includes activities at Camp Chippewa. These activities include, but are not limited to: bicycling, living waters (travel camps), archery, swimming, canoeing, pedal boating, low ropes, and horseback riding, and I acknowledge that although Camp Chippewa has taken safety measures to minimize the risk of injury to camp participants, they cannot insure nor guarantee that participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. Safety equipment will be worn at all activities requiring additional equipment: life vest at canoe/pedal boats, helmets/boots/long pants for trail rides. Policies will be followed as posted in all activity areas, which includes a 250 lb. weight limit for some activities.

I understand that this camp chooses its horses for their calm disposition and sound basic training and that this camp follows a rigid risk reduction program. Yet, no horse is a completely safe horse. Any horse can, at any moment, revert from its training and act on its natural instincts. These could include, but are not limited to, bucking, shying, rearing, biting, and/or bolting. Horseback riding is classified as a "rugged adventure sport activity," and there are numerous obvious and non-obvious risks always present in such an activity despite all of the safety precautions. My participation in the activity may expose me to some of the following situations plus others to numerous to list: rough, slippery or wet terrain; public or private roadways; other riders; walkers or bikers; motorized and non-motorized vehicles; trees; brush; hillsides; domestic and wild animals; and sudden weather changes.

I further recognize and/or have instructed my camper in the importance of knowing and abiding by the camp's rules, regulations, and procedures for the safety of the camp's participants.

Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____



Camper Pick-Up Release Form

Please complete ALL of the required forms: Health, Pick-Up Release, Camper Covenant, Activity Permission, Photo Release.
 Return the completed forms to Asbury Church along with payment. Payment may also be made online.
 Asbury Church: 2801 W. 15th Street, Wichita, KS 67203
 If you have any questions, please contact Patty Morris by email patty.morris@asburychurch.org or 316-942-1491.

Camper Name: _____

Camp Name/Number: _____ Dates of Camp(s): _____

Please check only ONE box below:

- Camper can only be picked up by a parent or guardian. Signature(s) must appear below at asterisks**.** If an emergency situation arises, you must provide a written letter, email, or personal phone contact with our office authorizing us to release your camper to another adult. This includes other parents, relatives, or friends of the family.

- Camper can be picked up by any of the persons listed below or a parent/guardian.** All persons must be listed at the time of check-in. Any changes to this form or in the persons coming to pick up your camper must be pre-arranged with our office prior to camper's departure from camp.

Name	Address	Telephone	Relationship
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Name	Address	Telephone	Relationship
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Name	Address	Telephone	Relationship
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Please pick a Family Code Word that all persons will know.
CODE WORD: _____

** Parent/Guardian Signature	Date
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** Parent/Guardian Signature	Date
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**** FOR USE UPON DEPARTURE FROM CAMP****

Printed name of person picking up camper: _____

Signature: _____ Date: _____

Please Complete Both Pages Of This Form

Camp Chippewa Camper Health Information

Campers will not be allowed to stay at camp without completing and returning this form to the office for filing! Activities you could possibly be involved in at camp but not limited to: Bible lesson, Worships, cookouts, horseback riding, boating, hiking, swimming, fishing, crafts, wagon ride, archery, initiatives games, field sports, and low ropes activities. Campers with special needs are encouraged to contact the Camp Director or other site staff before coming to camp.

Name: _____ SS# (optional): _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth _____ Telephone: _____ Camp Attending: _____

Parent/Guardian - Emergency Information

= Spouse/Mother/Guardian's Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____
Telephone: Home _____ Work _____ Cell _____

= Spouse/Mother/Guardian's Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____
Telephone: Home _____ Work _____ Cell _____

= Emergency Contact Name: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell _____

Doctor Information

= Doctor's name _____ Office Number _____

Date of last health examination (within past 2 years): _____

Are immunizations current for the person (circle one): Yes | No Date of LAST TETANUS SHOT: _____

This individual is physically fit to participate at camp he/she is registered for (circle one): Yes | No

Signature of Doctor: _____ Date: _____

Insurance Company _____ Policy # _____

Health History

Check each area as it applies, so that our Health Supervisor will be aware of your camper's needs.

Current Tetanus Protection History Of Chronic Infection Diabetes Heart Condition

Skin Diseases Fainting Regular Medications

Food Restrictions Hearing Aid Allergies To Bee Stings Asthma

ADD/ADHD Convulsions/Seizures Nose Bleeds

Bed Wetting Wear Contact Lens Significant Allergies Sleep Walking Menstruated (Females Only) Blood Disorder (Explain Under Chronic Conditions)

Medications

Medications brought to camp must be in **ORIGINAL** containers, clearly labeled, and placed in a ziploc bag with camper's name on it (to be kept in a locking container, or with the Health Care personnel at Camp.)

Prescription drugs to be taken (use additional paper as needed and attach to form):

1. Medication/Rxname: _____ Frequency: _____ Dosage: _____
2. Medication/Rxname: _____ Frequency: _____ Dosage: _____
3. Medication/Rxname: _____ Frequency: _____ Dosage: _____
4. Medication/Rxname: _____ Frequency: _____ Dosage: _____

Drug allergies or other chronic conditions: list other conditions that require ongoing attention.

Physical Restrictions: list chronic conditions that restrict activity; i.e. heart, lung, arthritis, etc.

Food restrictions: list food allergies, restrictions due to prescriptions, etc.

Over-the-counter medications, I may need while at Camp.

The Camp carries a supply of over the counter medications; please do not bring additional medications with you. Check in with the health care personnel for these items.

Y/N Ear Drops For Swimmer's Ear? Y/N Caladryl Lotion ?

Y/N Antacids For Upset Stomach ? Y/N Tylenol /Acetaminophen?

Y/N Cough Medicine/Cough Drops? Y/N Medication for Diarrhea? Y/N Motrin/Ibuprofen? Y/N Throat Lozenges For Soreness? Y/N Benadryl /Diphenhydramine? Y/N Sudafed /Pseudoephedrine?

Parent/Guardian/My CONSENT FOR MEDICAL TREATMENT AND MEDICATIONS

I hereby give my permission to the medical personnel selected by the Camp Director/Site Director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide for or arrange necessary related transportation for my child/or myself. I also give my permission to release information on this form for the purpose of assisting with medical treatment.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director/Site Director to secure and administer treatment, including hospitalization, for the person named above. I also give permission for the selected physician to release information about my camper to the camp representative and to discharge my camper into the custody of the camp representative when treatment is complete. This completed form may be photocopied for trips off site of the camp. I also understand the Camp Staff will contact me or my emergency contact persons as soon as they are able in the event of any such emergency that concerns my child or myself.

Signature of Parent/Guardian _____ Date: _____
Signature of Participating Adult _____ Date: _____