

OFFICE USE ONLY:	
Payment Rec'd	_____
Scholarship	_____
Medical Form	_____
Medicines	_____

CAMPER REGISTRATION FORM – Presbytery of East Tennessee

Check made payable and mailed to: Presbytery of East Tennessee, P. O. Box 1767, Greeneville, TN 37744

Event Attending: Retreats at Camp John Speer: Spring Middle School Retreat Fall High School Retreat

(circle one) Summer Camps at **Camp John Speer**: Junior Middle School High School

Summer Camps at **Camp Chilhowee**: Junior Middle School High School

Camper's Name: _____ Camper's Cell Phone: _____ Best way to contact about future events: _____

Camper would like to room with? _____, if possible.

Date of Birth: ____/____/____ Grade Completed _____ Circle: Male Female T-Shirt Size _____ (Indicate if youth size)

Address: _____ City _____ State _____ ZIP _____

Home Church: _____ Pastor: _____ Youth Leader: _____

Parent/Guardian Names: _____

Parent/Guardian Phone Numbers: _____

Parent/Guardian Email Addresses: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relation to Camper: _____ Phone Numbers: _____

WHO IS ALLOWED or NOT ALLOWED to pick up the camper? _____

For Camp John Speer Summer Camps only: Will camper be dropped off at Greeneville CPC? No Yes If Yes, both ways? _____

CAMPER'S MEDICAL PROVIDER and HEALTH INSURANCE INFORMATION – To Be Completed by Parent or Legal Guardian

Insurance Provider: _____ Group Number _____ Policy Number: _____

Please include a copy of the Medical Insurance Card(s) (Both Sides)
 Camper's Doctor/ Medical Provider: _____ City: _____ Phone Numbers: _____

Is camper allergic to any foods or medications? No Yes (please specify) _____

Do you give permission for staff to give camper over-the counter medications, if needed? (ibuprofen, acetaminophen, Pepto Bismol, etc.) No Yes
 Any exclusions or additional info needed concerning OTC medications? _____

Does camper have an epinephrine pen? No Yes Does camper have a diabetic pump or shots? No Yes

Has camper brought any medication(s)? No Yes If Yes – complete a medical form listing the correct dosage and times to take the medication (Medical form is needed even if info is on bottle)

Does the camper have any condition that may require special care, medication or diet not listed above? No Yes
 (explain) _____

PARENTAL CONSENT and RELEASE OF LIABILITY – To Be Completed By Student's Parents or Legal Guardian

I give my child permission to participate in the event marked above with the Presbytery of East Tennessee, understanding that if my child does not comply with the guidelines set forth by the event leadership, they will be sent home at my expense. When I am not present, I am entrusting my child's care to another responsible adult, whom I expect to make wise decisions on my behalf when I am not available to do so. This permission includes traveling in a vehicle for medical purposes or for activities related to the event, such as, hayrides, transportation to/from hikes, etc. Knowing that the event director and attending chaperones will have my child's best interest and safety in mind, I hereby release the Cumberland Presbyterian Church, the Presbytery of East Tennessee, its member churches, the event director and adult chaperones from any legal liability concerning, but not limited to, any incident that results in injury, illness or death. I understand that in the case of any emergency, every effort will be made to contact me, but if I am not available or if decisions need to be made quickly for my child's well-being, I defer these decisions to the adult closest to the situation.

Parent/Guardian Signature: _____ Date: _____

PHOTO/MEDIA RELEASE – To Be Completed by Camper's Parents or Legal Guardian

I, the undersigned, do hereby (circle one) **grant** or **deny** permission to the Presbytery of East Tennessee to use the image of my child. Such use includes the display, distribution, publication, transmission or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but are not limited to, printed materials, videos, and digital images such as those on a website or social media.

Parent/Guardian Signature: _____ Date: _____

CAMPER'S COVENANT AGREEMENT - To Be Completed by the Camper

I have read and understand the camp guidelines. I am fully aware that a camp experience will require me to make personal sacrifices to which I may not be accustomed. Therefore, I hereby: 1. Realize that living as a group will require me to be responsible in my actions and display Christian love and patience toward all members of the group, both youth and leaders. 2. Realize the importance of all members of the group following a schedule and the guidelines and instructions of the leaders. 3. Agree to participate fully in all activities. 4. Agree to maintain an open mind and heart in the teachings of Christ and for the leadership of the Holy Spirit.

Camper's Signature: _____ Date: _____

If all or part of camper's registration fee is sponsored (to be paid) by a church in the Presbytery of East Tennessee, please complete the sponsorship form and attach with this registration form.

CAMP/RETREAT SCHOLARSHIP AGREEMENT– Presbytery of East Tennessee

*Complete this Form if a Cumberland Presbyterian Church is providing a Scholarship for the Camper
The presbytery treasurer will invoice the sponsoring church for the scholarship payment if this form is completed.*

Part 1: To Be Completed by the Camper

Camper's Name: _____ Event Attending: _____

Home Church: _____

Pastor: _____ Youth Leader: _____

Part 2: To Be Completed by your Church Pastor or your Church's Children/Youth Director

Amount of Scholarship: \$ _____

PRINT Name of Person Authorizing the Scholarship: _____ e-mail address: _____

Signature of Person Authorizing the Scholarship: _____ Phone Number: _____

**If the scholarship is for one-half or another partial amount of the Registration Fee,
The Camper will be Responsible for Paying the Remainder of the Registration Fee.**