

## Camper Registration Help Form

This form is to be used by churches only as an aid in the registration process. Leaders can hand this out to families and then input all camper information for their group at once. Online registration is required for every camper and e-signature forms will be send directly to the email listed for parent/guardian.

### **Camper Information:**

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

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

Gender at Birth: \_\_\_\_\_

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

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

Is this child in foster care? \_\_\_\_\_

Has this child been adopted? \_\_\_\_\_

Grade Next Fall: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Pre-Order T-Shirt (\$20) \_\_\_\_\_

Pre-Order Refillable Water Bottle (\$15) \_\_\_\_\_

Is there anyone your child should not be released to?  
\_\_\_\_\_

### **Emergency Contact:**

Parent/Guardian First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian Mobile Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### **If Parent/Guardian CANNOT be contacted, please notify:**

Contact First Name: \_\_\_\_\_

Contact Last Name: \_\_\_\_\_

Contact Mobile Phone: \_\_\_\_\_

### **Medical Information:**

Please list any Chronic/Recurring Conditions: \_\_\_\_\_

Are activities restricted? \_\_\_\_\_

Does this registrant have any food allergies? \_\_\_\_\_

Does this registrant have any other allergies? \_\_\_\_\_

May be give Tylenol? \_\_\_\_\_

May be give Benadryl? \_\_\_\_\_

May be given Ibuprofen? \_\_\_\_\_

Camper may be given over the counter, non-prescription medications or applications, not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, or scrapes.

List exceptions: \_\_\_\_\_

If your Camper is on any medication, please read and complete the Medication Form and bring the form to camp.