



## Camper Registration

\_\_\_ Junior High/ Senior High Camp June 23- June 27, 2019

(Registration begins at 3:00p.m. June 23<sup>th</sup>. Dismissal is at 2:00 p.m. June 27<sup>th</sup>)

\_\_\_ Junior Camp June 27- June 30, 2019

(Registration begins at 3:00p.m. June 27<sup>th</sup>. Dismissal beginning at 3:00 p.m. June 30<sup>th</sup>)

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Contact Number \_\_\_\_\_

Home Church \_\_\_\_\_ Church's Location \_\_\_\_\_

Youth Leader's Name \_\_\_\_\_ Pastor's Name \_\_\_\_\_

**T-Shirt Size** \_\_\_\_\_

For emergencies only. (All information is confidential.)

### **Contact in case of emergency and parent cannot be contacted.**

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Other Phone Number \_\_\_\_\_

Student's Doctor \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Will student be driving to and from camp? Yes/No If so, Drivers License Number \_\_\_\_\_

### **Please Complete for Medical Information**

Parent/Guardian Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Parent/Guardian Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Is student insured? Yes/ No Card Holder's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of this minor child, \_\_\_\_\_, give my child permission to attend Flat Creek Youth Camp. I understand that if medical treatment is required every effort will

be made to contact me. If I cannot be reached I give my permission for the camp director and/or the adult medical staff of the Flat Creek Youth Camp to secure the services of a licensed physician to provide the care needed, including anesthesia for my child's well-being. I also have read and understand the camp rules and will discuss them with my child. In the event my child chooses to disobey the camp rules, I understand that I must come to the camp and pick up my child at a time requested by the camp director.

I give Flat Creek Youth Camp personnel permission to photograph my child for registration and marketing as needed. **Yes/No (Please circle one)**

I also give my child permission to be transported to off site events by Flat Creek Youth Camp personnel and/or hired transportation. **Yes/No (Please circle one)**

X \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature**

X \_\_\_\_\_

**Print Name**



**Parental Consent for Medical Administration**

I, \_\_\_\_\_, the parent/guardian of, \_\_\_\_\_, grant the Flat Creek Camp Director, camp staff and nurse permission to administer the following medications to my child. The medications are in their original containers with the pharmacy label affixed. Give as directed.

My child must carry (medication) \_\_\_\_\_ with him/her at all times for emergency use (inhalers, bee sting kit, etc.). A copy of the prescriptions has been included with this form.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

I give my permission for \_\_\_\_\_ to transport my child's medication back home.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Parental Consent for Over-the-Counter Medication Administration**

The following consent for administering over the counter **MUST BE COMPLETED AND SIGNED BY THE STUDENT'S PARENT/GUARDIAN** in order for the student to receive these types of medications for minor pain, rashes, upset stomach, etc.

Please allow my child, \_\_\_\_\_, to receive acetaminophen/ibuprofen and/or over-the-counter medication deemed necessary by the camp staff, unless contraindicated due to a known health problem or allergy to these medications. Medications are to be administered as directed and according to weight and age guidelines. If there are any questions please contact me at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Please note that Flat Creek Staff will not administer any over-the-counter medications without the parent/guardian's signature.**



**Camper Information**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

**Medicines Brought with Camper-Please list all Medicines including OTC Medicines**

1. Name of Medicine: \_\_\_\_\_

Reason for Medicine: \_\_\_\_\_

Dosage and Time(s) Given: \_\_\_\_\_

2. Name of Medicine: \_\_\_\_\_

Reason for Medicine: \_\_\_\_\_

Dosage and Time(s) Given: \_\_\_\_\_

3. Name of Medicine: \_\_\_\_\_

Reason for Medicine: \_\_\_\_\_

Dosage and Time(s) Given: \_\_\_\_\_

4. Name of Medicine: \_\_\_\_\_

Reason for Medicine: \_\_\_\_\_

Dosage and Time(s) Given: \_\_\_\_\_

5. Name of Medicine: \_\_\_\_\_

Reason for Medicine: \_\_\_\_\_

Dosage and Time(s) Given: \_\_\_\_\_

6. Name of Medicine: \_\_\_\_\_

Reason for Medicine: \_\_\_\_\_

Dosage and Time(s) Given: \_\_\_\_\_

7. Name of Medicine: \_\_\_\_\_

Reason for Medicine: \_\_\_\_\_

Dosage and Time(s) Given: \_\_\_\_\_



## What to Bring and Rules

### What to Bring to Camp

- \_\_\_ Sleeping Bag/Blanket and Pillow
- \_\_\_ Toothbrush, Toothpaste, and Hairbrush or Comb
- \_\_\_ Soap, Shampoo, and Deodorant
- \_\_\_ 2 Washcloths and 2 Towels
- \_\_\_ Tennis Shoes
- \_\_\_ Flip-Flops (for showering)
- \_\_\_ 2-3 Pairs of Pants
- \_\_\_ Jacket or Hooded Sweatshirt
- \_\_\_ Dress Clothes
- \_\_\_ 4-5 Pairs of Shorts
- \_\_\_ Pajamas (for the week)
- \_\_\_ Swimming Suit (1 Piece for Girls) and Cover Shirt for Water Sports
- \_\_\_ Socks and Underwear (for the week)
- \_\_\_ Snack Shack Money
- \_\_\_ Bible

--Camper will need 2 sets of clothes for every day.--

### What Not to Bring

- Ipods, Phones, or Mp3 Player.
- Drugs, including tobacco, alcohol, weapons, or fireworks.

--Any of these items found in a camper's possession will be confiscated.--

--Cell phones may be checked in with Camp Director.--

### Rules

1. No drugs, alcohol, weapons, or fireworks of any kind on camp grounds.
2. No irresponsible behavior at campfire.
3. No inappropriate prank-like behavior.
4. Dress code will be enforced. No short shorts, spaghetti strap tops, sagging pants, etc.
5. No public displays of affection(PDA) between campers or staffers.
6. No campers will be allowed in the woods.
7. No campers outside after lights out.
8. Campers will participate in activities, unless excused by camp nurse.
9. Those driving to and from camp will sign in and out with the camp director.
10. Boys and Girls will respect dorm boundaries.