



Camper Registration

___ Junior High/ Senior High Camp June 22- June 26, 2026 (entering grade 7- exiting grade 12)

___ Junior Camp June 29- July 3, 2026 (entering grade 3- entering grade 6)

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 _____

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 **(Please circle one)** needed. **Yes/No**

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

X _____ **Date** _____
Parent/Guardian Signature

X _____
Print Name



Medical Consent Form

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.



Medicine Form

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.