

Camp Concord Registration & Medical Release Form

Parents: Please complete forms using **BLACK INK.**

Return To: Camp Concord, Box 99 State Line Road, Clarksville, VA 23927

Make check payable to: State Line Baptist Assembly

Camper's name _____ Grade completed by 6/23 _____ Age _____

Address: _____

City/State/Zip _____ Birth date ___ / ___ / ___ Gender _____

Parent or guardian name _____

Home phone _____ Work phone _____ Cell phone _____

Fax _____ E-mail _____ Beeper _____

Emergency contact name _____ Phone _____

Camper's home church _____ Pastor _____

Name of family physician _____ Phone _____

Date of last physical _____

Name of dentist _____ Phone _____

Name of orthodontist _____ Phone _____

Name of insurance company _____

Address _____

Group # _____ Control # _____ Policy # _____

(Enclose copy of insurance cards if possible)

Enroll me for the following camp week(s) – Check all that apply.

Check Here	Camp Week	Dates	Grades	Cost
<input type="checkbox"/>	Day Camp	June 17	Pre-K – 1st	\$25
<input type="checkbox"/>	Youth Week	June 21-24	6-12	\$75
<input type="checkbox"/>	Boys Week 4/5	June 25-28	4-5	\$75
<input type="checkbox"/>	2 nd -3 rd Grade Overnight	June 30-July 1	2 nd -3 rd	\$40
<input type="checkbox"/>	Girls Week 4/5	July 9-12	4-5	\$75
<input type="checkbox"/>	2 nd – 3 rd Grade - 1	July 16-19	2 nd -3 rd	\$75
<input type="checkbox"/>	Girls Week 6/8	July 23-26	6-8	\$75
<input type="checkbox"/>	Boys Week 6/8	July 30-Aug. 2	6-8	\$75
<input type="checkbox"/>	Father/Son Weekend	Aug. 4-5	All Ages	\$25
<input type="checkbox"/>	2 nd – 3 rd Grade Week - 2	Aug. 6-9	2 nd – 3 rd	\$75

Campers may request placement in a cabin with up to 2 friends. Friends must be in the same age/grade level. **These requests are honored as possible, but are not guaranteed. Please do not request bunk changes upon arrival at camp.** Friend #1 _____ Friend #2 _____

T-shirt size (circle) Yth S Yth M Yth L Adult S Adult M Adult L Adult XL Adult 2X

Does camper tend to become homesick? _____

Is this the camper's first time camping with us? [] Yes [] No

Additional information you want us to know about this camper _____

OFFICE USE ONLY

Date received _____ Amount received _____ Balance due _____

Date payment rec'd _____ Payment received _____ Balance due _____

Date payment rec'd _____ Payment received _____ Balance due _____

Campership _____ Confirmation Sent _____ Treasurer Letter _____

Are camper's immunization records up-to-date? _____ Date of last tetanus _____

Health History (Check those that apply. Give approximate dates.)

_____ Frequent Ear Infection	_____ *Psychiatric treatment	CHILDHOOD DISEASES
_____ Heart defect/Disease	_____ Mononucleosis	_____ Chicken pox
_____ Convulsions	_____ Anorexia	_____ Measles
_____ Diabetes	_____ Bulimia	_____ German Measles
_____ Bleeding/Clotting Disorders	_____ Asthma	
_____ Hypertension	_____ *ADD	
_____ Epilepsy	_____ *ADHD	
_____ Other _____		

***If this camper is diagnosed with ADD or ADHD, please attach a sheet describing the camper's routine, medications, and methods which have been effective in helping camper manage in a structured environment.**

Allergies: _____ hay fever _____ poison ivy/oak _____ insect stings _____ penicillin _____ other _____
 _____ Food Allergies _____

Treatments needed: _____

Dietary modifications: _____

Operations/Serious injuries (dates): _____

Disability, chronic or recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Current medications (BRING ORIGINAL BOTTLE):

Medication	Time	Dosage	Reason Given

For females: Has this person menstruated? _____ If yes, is her menstrual history normal? _____
 Special considerations _____

Please list over-the-counter medications that you authorize to be given to your child for the ailments listed below (you do not need to send over the counter medications – they are kept on hand)

Headache _____ Insect stings (other than Benadryl) _____

Stomach upset _____ Cramps _____

Other _____

Suggestions or health related information for camp personnel: _____

Medical Release and Activity Permission Form

Please read carefully and sign where indicated

Parent/Guardian Authorization

Please read each of the items below.

INITIAL those items that you authorize.

_____ During the summer, we shall take photos and video footage that may be used for promotional purposes. I give authorization for, and release all rights to, the making and use of any photos and/or videos of my child for camp promotional purposes. Such use may include posting photos on our website. Names will not be posted.

_____ As a part of the camping program, off-site "trip" activities may be included in the week's activities. It is camp policy that medical and emergency information and release forms accompany all groups traveling off-site. I give authorization for my child to travel off-site under the supervision of camp personnel.

_____ I give permission for my child to swim. List restrictions _____

Note: Certified Lifeguard on duty during swim times. Life jackets are not provided by camp for swimming.

_____ I give permission for my child to participate in archery during the week. Safety rules will be posted and followed during the week with a trained archery instructor.

_____ I give permission for my child to go tubing under supervision of camp personnel.

Note: Life jackets are provided and required for all persons on board boat and tubing. Campers may bring their own life jacket if they wish.

_____ I give permission for my child to ride canoes, kayaks, and paddleboats.

Campers will be accompanied by trained personnel at all times. Life jackets are required for all persons canoeing and paddle boating. Note: Life jackets are provided but campers may bring their own life jacket if they wish.

_____ The health history provided for the camper listed above is correct so far as I know. He or she has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the camp to provide ongoing health care, to select medical personnel and to order X-rays or routine tests or treatment for the person listed above. Emergency authorization: In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Manager, Camp Director or other Camp Personnel to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the person named above.

My authorization is hereby given for all items initialed above. In giving my permission, I understand that the staff will do everything possible to keep the children safe. In the event of injury incurred from camp activities, I release and hold harmless from liability State Line Baptist Assembly, Inc., Camp Concord, Staff and Volunteers, Concord Baptist Association, and all its entities.

Parent or Guardian Signature

Date

Witness (Must be 18 years old & not a family member)

Date