

CAMP BLUE KNOB, AUGUST 1 thru 6

GRACE KID'S CAMP 2016

CAMP APPLICATION
Completed Grades 3 thru 12

Camper's Name: _____ Sex: M ___ F ___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

T-Shirt Size (Circle One): Youth: L Adult: S M L XL XXL

Age: _____ Birthdate: _____ Grade Completed: _____

Bunkmate: (First Choice) _____

(Second Choice) _____

Camp Fee: \$45.00 (first camper, \$25.00 each additional)

[If paying by check make payable to **Altoona Bible Church**]

3017 Union Avenue; Altoona, PA 16602

Please register before Friday, July 16, 2016 so we can get an accurate count and complete planning for camp.

Parent/Guardian: _____ Date: _____

The church does not provide medical insurance coverage for the camp. Medical coverage must be provided through the parent's insurance.

-----**DO NOT WRITE BELOW THIS LINE**-----

Date Received _____ *Amount* _____ *Form of Payment* _____

CAMPER MEDICAL FORM

Please answer the Following:

The following medical form must be completed in ink by your parent or guardian and returned with your camp registration by Friday, July 16, 2016.

Camper's Name: _____

Address: _____

Phone: _____ Age: _____ Grade Completed: _____

+ Allergies to foods or drugs? Yes ____ No ____ If yes, describe _____

+ Medications? Yes ____ No ____

If yes, list each medication, include the name of each drug and give specific directions for usage. **ALL MEDICATIONS ARE TO BE TURNED OVER TO THE CAMP NURSE UPON REGISTRATION! (attach separate page if needed)**

Permission to administer:

Tylenol **Yes or No** Ibuprofen **Yes or No** Benadryl **Yes or No**
Antacids (Mylanta/Maalox) **Yes or No**

Physical Restrictions? Yes ____ No ____ If yes, describe _____

One of the activities Campers will be participating in during camp is memorizing Bible verses. In order to make any necessary accommodations for your child in order for them to be successful in this area, please answer the following question.

Has your child been identified as having a disability (learning, emotional, etc)? If so, please list.

+ Special Conditions to watch for:

Sleepwalking:	Yes ____	No ____
Bedwetting:	Yes ____	No ____
Fainting:	Yes ____	No ____
Other:	Yes ____	No ____

If yes, explain: _____

+ Previous or Present Illnesses:

Nosebleed:	Yes _____	No _____
Asthma:	Yes _____	No _____
Epilepsy:	Yes _____	No _____
Kidney Condition:	Yes _____	No _____
Diabetes:	Yes _____	No _____
Heart Condition:	Yes _____	No _____
Seizures:	Yes _____	No _____
Inhaler:	Yes _____	No _____
Other:	Yes _____	No _____

Immunization: Please indicate exact or approximate dates:

Tetanus: _____ Polio: _____

Has your child had or been treated for any of the following, within the last 6 months? If yes, please indicate exact or approximate date.

Mono:	Yes _____	No _____
Poison Ivy:	Yes _____	No _____
Impetigo:	Yes _____	No _____
Head Lice:	Yes _____	No _____
Athletes Foot:	Yes _____	No _____

In case of emergency, I hereby give my permission to the licensed physician selected by Grace Kid's Camp to secure proper treatment, to hospitalize, provide anesthesia and/or surgery for my child named on this form. We will always attempt to reach the parent before seeking medical attention. (Because the church insurance does not provide medical coverage for the camp, parent's insurance must cover all medical emergencies.)

Signature: _____ Date: _____

Family Doctor: _____ Phone: _____

Alternate person to contact in case of emergency:

Name: _____ Phone: _____

Insurance Company: _____

Policy #: _____ Group #: _____

I consent to the attendance of my child, _____, at the Grace Kid's Camp to be held on August 1 thru 6, 2016, at the Blue Knob State Park of the State of Pennsylvania. In accordance with the laws of Pennsylvania, and intending to be legally bound, I surrender, waive, relinquish, and release any and all legal claims I or the child may have or will have against Altoona Bible Church and all individuals assisting in the oversight and running of the said Camp, for personal injuries or other claims for damages of my above-named child arising from his/her attendance at and participation in the activities of the said Camp. I give permission to use photos including my camper in camp publicity (brochures, social media, etc.).

Date _____

Signature of Custodial Parent / Guardian

Please Print Custodial Parent / Guardian