

Registration Form

Name of Camp _____ Dates _____

If you are a new camper, please tell us how you heard about us _____

Camper's Name (or family) _____

Sex _____ Birth Date _____ Grade Completed in 2008 _____

Street of PO Address _____

City _____ State _____ Zip _____

Parent/Guardian (1) _____ (2) _____

Email _____ Home Phone (____) _____

Parent 1 Work Phone (____) _____ Parent 2 Work Phone (____) _____

Emergency contact _____ Phone(____) _____

Person's authorized to pick up Camper _____

Church Name _____ Church Location _____

Cabin Mate Request (**No Guarantees**) _____

For Family Camps Only

NAME	AGE	SEX	GRADE COMPLETED
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complete a separate registration form for each event requested, one form for each person, unless attending Family Camp. Photocopy these forms as needed or request additional from the office in Alexandria. **Please print or type**

Camper photos may be used in promotional literature.

Special Offer Full payment postmarked by May 1, qualify for the early payment discount. Confirmation and additional information will be sent upon receipt of this registration form.

**Please make checks payable to
Minnesota Conference UCC**

Mail this signed form (Registration and Health Form) and payment of \$75 registration deposit to:

**Camp Registration Minnesota Conference UCC
P. O. Box 305
Alexandria, MN 56308-0305
Telephone (320) 763-6549**

Registration Form

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Health Form

Health Insurance Company _____ Policy Number _____
Address of Insurance Co. _____ Policy Holder _____
Family Physician _____ Phone (____) _____
Dentist _____ Phone (____) _____
Operations or serious injuries _____
Chronic or recurring illness/needs _____
Other diseases or details of above _____

Recommendations and Restrictions

Special Diet (Be specific) _____
Current medications (Adult will administer to minors) _____
Instructions for medication administration _____
In order for counselors to best meet the needs of camper please note special behavior issues or circumstances we need to be aware of _____

Camp personnel have permission to administer acetaminophen/Ibuprofen, Pepto Bismal, Throat spray, Sudefed, cough syrup, Midol, Tums/Rolaids, other _____ to camper. (Please circle all that apply)

Immunizations

Minnesota law requires that children enrolled in public schools receive immunizations against a variety of diseases. Has this child received all immunizations as required by Minnesota law?

YES NO If "no" please indicate why _____

When did this individual last receive a tetanus shot or booster? _____

Health History

<input type="checkbox"/> Allergies	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Seizures
<input type="checkbox"/> Food	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Drugs	<input type="checkbox"/> Bleeding Clotting Disorders	<input type="checkbox"/> Measles (Rubeola)
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> German Measles (Rubella)
<input type="checkbox"/> Poison Ivy, etc.	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mumps
<input type="checkbox"/> Other	<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Psychiatric Treatment
_____	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Other _____

Parent/Guardian Statement of Responsibility and Authorization

All the information on this health form is complete and correct to the best of my knowledge. I accept full responsibility for determining my child's need for an examination by a licensed physician. My child has permission to engage in all camp activities except as noted by me on this form. I hereby give permission to the physician selected by the camp director to order x-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named on side 1 of the form.

Signature _____ Date _____