



# Camper Registration Form Southwest District Youth

January 22-24th, 2010 • Camp Cedar Crest  
Jr. High

Registration Fee: **\$145.00**

Registration Deadline: **Jan. 13, 2010**

Church Name: **Desert Chapel**

Church City: **Palm Springs, CA**

I would like to purchase a T-Shirt for \$5

T-Shirt Size: \_\_\_YL \_\_\_S \_\_\_M \_\_\_L \_\_\_XL

## STUDENT INFORMATION

Camper's Name: \_\_\_\_\_

Male  Female Age: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_

**THERE ARE TWO PAGES  
TO THIS DOCUMENT**

## CAMPER'S MEDICAL HISTORY

- to be completed by parent or legal guardian -

Health Insurance Co.: \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Camper's Doctor: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Does the camper suffer from any medical, physical, emotional or behavioral conditions which might affect his/her safety while at the camp? (e.g. claustrophobia, vertigo, asthma, heart condition, diabetes, epilepsy, etc.)  Yes  No

If yes, please specify: \_\_\_\_\_

2. Is the camper undergoing any form of medical or psychological treatment, including medication?  Yes  No

If yes, please specify: \_\_\_\_\_

Is camper on prescription medication?  Yes  No

If so, please list exactly what and when it is to be taken:

\_\_\_\_\_

*(Please attach additional information as needed)*

3. To the best of your knowledge, has the camper been in contact with any infectious or contagious diseases, or suffered from anything in the last four weeks that might be or become infections or contagious?  Yes  No

If yes, please specify: \_\_\_\_\_

4. Is the camper allergic to any food or any medications?

Yes  No

Please specify: \_\_\_\_\_

5. Date of last tetanus shot \_\_\_/\_\_\_/\_\_\_\_\_

6. Do you give permission for staff to give the camper the following:

Acetaminophen:  Yes  No Ibuprofen:  Yes  No

7. Special dietary requirements: \_\_\_\_\_

\_\_\_\_\_

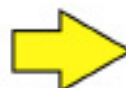
WINTER CAMP 2010  
**RELEASE FORM**  
ACTIVITIES • MEDICAL

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**THIS REGISTRATION IS NOT VALID WITHOUT THE FOLLOWING THREE SIGNATURES:**

**1. Camper's Declaration:**

I will fully cooperate with the staff, rules and program established for the Camp.



Camper's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. Parental Medical and Activity Release:**

I agree that my child may attend the event at **Camp Cedar Crest** on **January 22-24th, 2010**, and agree to him/her taking part in all of the activities, with the exception of those I have listed below. I acknowledge that these activities involve risk of serious injury or death. I acknowledge the need for responsible behavior and obedience on his/her part.

Please exclude them from participating in: \_\_\_\_\_

My child will cooperate with the staff, rules, and program of the Camp. I understand that I will be held responsible for any damage done by my child, and I will pay for any and all repairs. Any controversy or claim arising out of or related to the student's participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association. I also certify that my child's immunizations are up-to-date.

In the unlikely event of an accident or an illness during this camp, which needs immediate treatment, I agree to my son/daughter receiving first aid and medical treatment from qualified practitioners, including life-saving treatments, as may be considered necessary by a licensed medical provider.

I also authorize the transportation of my child, by ambulance if necessary, to the nearest available medical facility.

I understand the extent and limitations of the insurance coverage as provided by the organization sponsoring the event and that my medical insurance is primary, unless otherwise specified.

I will inform the leaders of the event as soon as possible, if there is a change in medical circumstances regarding my child between the date signed below and the start of the event.



Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**3. Pastor's Recommendation:**

I recommend this camper to the Camp Cedar Crest Staff as one who will cooperate with the staff, rules, and program of the Camp.



Pastor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_