

## RELEASE SIGNATURE

1) I understand the Camp Director reserves the right to dismiss any camper whose behavior or attitude is disruptive to the welfare of the camp. No refund will be given in the event of dismissal. It is the parent's responsibility to arrange transportation for early dismissal.

2) I understand the Camp Health Officer reserves the right to dismiss any camper for medical conditions he/she deems necessary. No refund will be given in the event of dismissal. It is the parent's responsibility to arrange transportation for early dismissal.

3) I understand that all medicines (i.e. prescriptions & over-the-counter drugs) are to be turned over to the Camp Health Officer at the beginning of camp. I am aware that the Camp Health Officer oversees the administration of medications.

4) I am aware that my child is responsible for his/her personal belongings. It is not the responsibility of the Church to find or return any belongings that are left or lost at camp.

5) Should it be necessary for my child to receive medical attention/treatment while participating in activities, I hereby give permission for the people leading or directing these activities, to render medical attention or administer medical treatment, as the health officer deems appropriate and necessary.

6) I also give permission for the people leading or directing these activities to use their best judgment to otherwise render any assistance (i.e. First Aid, CPR, etc.) to my child in the event of injury or illness.

7) I understand that the Cornerstone Church or any people leading or directing these activities have no insurance coverage for medical or hospital costs for my child, which are associated with injury or illness occurring in the course of these activities (unless the child is already a covered dependent under the church's employee health plan). Therefore, any costs incurred for such medical attention/treatment shall be my sole responsibility.

8) I release the Cornerstone Church to use any photographs or video of my child taken at camp for the website or for promotional purposes.

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

Camper Covenant

I, the camper, agree to obey the rules of the camp and to respect those persons in charge of the camp. I understand that if I do not, I will be sent home.

\_\_\_\_\_  
Camper Signature Date

### Registrations can be mailed to:

Cornerstone Church  
PO Box 457  
Ramsay, MI. 49959

### Registration Deadline

**Kids Camp July 8th, 2016**

**Junior Camp July 15th, 2016**

**Senior Camp July 22nd, 2016**

*(Register early to ensure there is space for your camper, housing is limited to 50 and tends to fill up quickly!)*

## REGISTRATION FORM

### CAMPER INFO

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Gender:  Male  Female  
Age \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Entering Grade Fall '2016': \_\_\_\_\_

### PARENT/GUARDIAN INFO

Parent/Guardian Name: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Mobile Phone: (\_\_\_\_) \_\_\_\_\_  
Parent E-mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## MEDICAL HISTORY

Please list all allergies. Describe child's reaction and how managed.  
*(If no allergies, please write "NONE" in space provided.)*

Medication Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Other Allergies: \_\_\_\_\_  
(Insect Bites, Hay Fever, Asthma, Food Allergies, Etc):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Has/Does the camper:

1. Any recent injury, illness or infectious disease?  Yes  No
2. Have a chronic or recurring illness/condition?  Yes  No
3. Have problems with sleepwalking?  Yes  No
4. Have frequent headaches?  Yes  No
5. Wear glasses, contacts or other eye wear?  Yes  No
6. Prone to frequent ear infections?  Yes  No
7. If girl, have an abnormal menstrual history?  Yes  No
8. Ever had seizures?  Yes  No
9. Ever had problems with joints (knees, etc)  Yes  No
10. Ever been dizzy or passed out after exercise?  Yes  No
11. Have any skin problems? (Itching, rash, acne)  Yes  No
12. Have diabetes?  Yes  No

Please explain any "yes" answers, noting the number of the questions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICATION INFORMATION

Please list ALL medications—prescription and non-prescription taken routinely. Be sure that the camper brings enough medication to last the entire time at camp ***in the original package/bottle that identifies the camper's name, prescribing physician, name of drug, dosage and frequency.*** All medications need to be given to the Camp Health Officer upon arrival.

Medication #1: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Time to be Taken: \_\_\_\_\_  
Reason for Taking: \_\_\_\_\_  
Medication #2: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Time to be Taken: \_\_\_\_\_  
Reason for Taking: \_\_\_\_\_  
Medication #3: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Time to be Taken: \_\_\_\_\_  
Reason for Taking: \_\_\_\_\_

### OVER THE COUNTER MEDICATIONS

The following over the counter medications are available from our First Aid Station. They may be administered as deemed necessary by the Camp Health Officer, *unless otherwise advised.* Please mark an "X" next to any medications you do NOT want administered.  Aspirin  Ibuprofen

Acetaminophen  Sudafed  Robitussin  Antibiotic Ointment  
 Ear Drops  Maalox  Throat Lozenges  
 Midol  Visine  Antacid

### EMERGENCY CONTACT (OTHER THAN PARENTS)

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone (Area Code): \_\_\_\_\_  
Other (Area Code): \_\_\_\_\_

### MEDICAL INSURANCE

Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Claims Address: \_\_\_\_\_  
Phone (Area Code): \_\_\_\_\_

## Cost for Camp \$75

Please feel free to make copies of the registration for friends. You can also fax your registration in to

906-663-4700