

Day Camp Registration and Health Form

For Hope United Methodist Church with programming by Ingham Okoboji Lutheran Bible Camps

Please print clearly. This form may be copied. Please use a separate form for each camper.

Please take a moment to review and sign the Conduct Covenant on the back of this sheet.

Personal Information

Name: _____ Grade Completed: _____ Birth Date: ____ / ____ / ____

Age: _____ Sex: M / F 1st time day camper? Y / N

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____ Work Phone: _____

Emergency Contact & Phone #: _____

Siblings attending Day Camp: _____

Church (if different from host church) : _____ City: _____

General Health Information

Chronic or recurring illness or medical conditions that may affect Day Camp life: _____

Allergies (i.e. food allergies, bee stings, etc.): _____

Dietary restrictions (i.e. vegetarian, lactose intolerant): _____

Other suggestions that may help make your day camper's week more comfortable and enjoyable:

Medications (please list kinds and dosages): _____



All pertinent medications must be brought to the local Day Camp Director in their original containers.



Insurance Information:

Insurance Company: _____

Policy #: _____

Holder's Name: _____

Family Doctor: _____ Phone: _____

Immunizations (circle Yes or No)

- DPT (series of 3) Yes or No
- Polio Immunization Yes or No
- MMR (Measles/Mumps/Rubella) Yes or No
- Date of Last Tetanus: _____

Permission: I give my permission for my child to participate in all aspects of the Day Camp program. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize medical personnel, the local Day Camp coordinator or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. I or my insurance company will pay for any medical treatment if costs are incurred. I give permission for any picture or video taken of my child to be used for promotional purposes.

X _____

Parent/Guradian Signature

_____ Date

OVER

DAY CAMP COVENANT

As a participant in Day Camp and as a child of God,
I understand and agree to the following expectations:

- I will choose to participate fully in Day Camp.
- I will choose to respect all people, including myself, choosing to treat others as I would like to be treated.
 - I will choose to listen to the Day Camp leadership team and volunteers.
 - I will choose to use my words to build others up or I will choose to be quiet.
 - I will not bring harm to myself. I will choose to maintain self-control.
- I will choose to be respectful of the facilities and grounds where Day Camp is held.
 - I understand that if I damage other peoples' property, I am responsible for replacing/repairing it.

** I understand that if I choose to break this Conduct Covenant, there are consequences. I will take responsibility for my actions. I understand that if I choose to harm myself or others, my parent/guardian will be contacted and I will be sent home.

Day Camper's Signature

** I have read this Conduct Covenant and enter into it with my child. I will encourage my child to abide by it. I understand that should my child choose to break this Covenant, every effort will be made to contact me and my child will be sent home. I also understand that if I am not reachable the emergency contact listed will be contacted.

Parent/Guardian Signature