

Hope VBS Day Camp Registration & Health Form

Save this fillable PDF form on your computer before completing. Please use a separate form for each camper. Then take a moment to review and sign the **Conduct Covenant** (pg. 2) with your child. Please return to the church as soon as possible.

PERSONAL INFORMATION:

Name: _____ Grade just completed: _____
Birthdate: ___/___/___ Age: _____ Sex: M / F First time day camper? Y / N
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian Name: _____ Phone: _____
Email: _____ Work phone: _____
Emergency Contact & Phone: _____ Phone: _____
Siblings attending Day Camp: _____
Church (if different from host church): _____ City: _____

GENERAL HEALTH INFORMATION:

Chronic or recurring illness or medical condition 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 camper's week more enjoyable: _____

Medications (please list kinds & dosage: _____



All pertinent medication must be brought to the local Day Camp director in their original containers.



Insurance Information:

Insurance Company: _____
Policy #: _____
Holder's Name: _____

Immunization: (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.

Parent/Guardian: X _____ Date: _____

HOPE VBS 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 people's 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.**



X

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.**



X

Parent/Guardian's Signature

You can drop off completed form(s) at the church office on Tuesday - Friday between 1:00 - 5:00 **OR** send an email with the forms attached to: hopeumc@everttek.net