

## Health Information and Release Form

Please indicate below any medical information of which camp staff should be aware: i.e. allergies to medication/food etc. This information must be completed for all campers and signed by parent or guardian for all campers below age of 18. Those over 18 must complete form and sign for themselves. Campers cannot be registered without the COMPLETED form and all signatures.

Circle any of the following to which the camper is subject: bronchitis, fainting spells, asthma, sleep walking, ear trouble, bed wetting, sinus trouble, convulsions, hyperactivity,  
other \_\_\_\_\_

Attach explanation if there are any physical, emotional or other conditions, which will limit camper's participation.

In the last 6 months, has the camper been under medical care? \_\_\_\_Yes \_\_\_\_No

If so, what for? For the safety of camper, please be honest and thorough; use separate sheet if necessary.

Will camper bring medication to camp? \_\_\_\_\_Yes \_\_\_\_\_No

What medication? \_\_\_\_\_

Is camper allergic to any medications? (Sulfa, penicillin, tetanus, etc.) \_\_\_\_Yes \_\_\_\_No

If yes please list medicines \_\_\_\_\_

Year of last tetanus shot \_\_\_\_\_ (must be in last 10 years)

Emergency phone: Daytime # ( ) \_\_\_\_\_ Night # ( ) \_\_\_\_\_

Name\Address\Phone of family doctor (in case medical history is needed)

Medical Insurance Co. \_\_\_\_\_ Acct.# \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to receive any medical treatment prescribed by a doctor.

In no event will the United Methodist Church, its officers or leaders, counselors or agents, be held liable for any first aid rendered treatments, drugs and medicine or surgical procedures performed pursuant to this consent. In the event of any emergency, it is understood that every effort shall be made to contact the parent or guardian before any medical service is rendered, aside from first aid. Furthermore, I will not hold the United Methodist Church or anyone acting in its behalf, responsible for any accident which may cause injury or death to aforementioned camper. I understand that our camps are staffed with volunteer first aid persons who can dispense medication (all of which is turned in to the nurse at the start of camp), perform emergency and routine first aid and help get people to medical facilities when needed.

\_\_\_\_\_  
Signature of Parent/Guardian  
(If camper is under 18)

\_\_\_\_\_  
Signature of Camper  
(Age 18 or older)

Date \_\_\_\_\_

Please notify the Camp Dean immediately if there are any major changes in the above information.

# Registration Form Riverside District Winter Camp 2012

**Both sides of this Form must be completed and a deposit of \$80.00 must be enclosed to register.**

Please PRINT clearly.

Grade \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Parent(s) work phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Church you attend \_\_\_\_\_ Pastor \_\_\_\_\_

Are you receiving a Campership? \_\_\_\_\_ If Yes, how much? \_\_\_\_\_ From Whom? \_\_\_\_\_

**Cost for both camps is \$160.00. Full payment is due no later Jan. 2, 2012.**

If past the deadline a **Late fee of \$40.00 WILL BE CHARGED.**

Please check the camp you are registering for (Only one person and one camp per form):

\_\_\_ Elementary  
(Grades 2-5)  
January 14-16

\_\_\_ Jr. & Senior High  
(Grades 6-12)  
January 14-16

Registrar's Use Only	
Deposit Amt. Paid:	\$ _____ Date _____
Additional Amt. Paid:	\$ _____ Date _____
Campership Amt. Paid:	\$ _____ Date _____
Late Fees incurred	\$ _____

**Make all checks payable to: Riverside District Camps.**

Mail completed registration form along with a deposit of half to:

**Amy Bahnson, 35177 Beech Ave. Yucaipa, Ca. 92399**

Camper's Pledge:

I will come to camp with a positive attitude and abide by the camp rules. Failure to do so means that the camp dean, can send me home without a refund.

\_\_\_\_\_  
Camper's signature

I give permission for this camper to attend the camp indicated above and as parents and local church we will provide transportation to and from camp. I further understand that in the unlikely event of a camper needing to leave camp early it is the parent's responsibility to immediately provide transportation home.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Pastor's/ Youth Leader's signature

**Please read the brochure carefully for dates, times, what to bring, what not to bring.**