



# DAY CAMP Registration Form

Hope Presbyterian Church July 10th - 14th

## CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Grade Completed by 06/04/2017: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Gender:  M  F

T-shirt Size:  Youth XS  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L

## FAMILY INFORMATION

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_

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

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_

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

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## EMERGENCY CONTACT (must be different from parent/guardian above)

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## HEALTH INFORMATION

Does the camper have allergies to food, medication, or the environment?  Yes  No

If 'yes', please list them here: \_\_\_\_\_

\_\_\_\_\_

Are there any special dietary concerns or modifications we should be aware of?  Yes  No

If 'yes', please list them here: \_\_\_\_\_

\_\_\_\_\_

What do you want our counselors to know about your camper? What do you hope for your camper during this week of day camp? *Please include any information you think is pertinent so we can provide the best possible experience for your camper!*

## LEGAL INFORMATION

Is anyone legally restricted from seeing this camper?  Yes  No

(If yes, include name here: \_\_\_\_\_)

Do you prohibit the use of your camper's image in camp publicity?  Yes  No

### Waiver of Liability and Authorization to Participate

I accept full responsibility for my child in the case of bodily injury, death, loss of personal property, and expenses thereof and I hereby waive any claims or demands which I or any member of my family may have against Presbyterian Camp and Conference Ministries of SW Florida, Inc. (Cedarkirk), its employees, volunteers, officers, or directors, that may result from negligence by Presbyterian Camp and Conference Ministries of SW Florida, Inc. (Cedarkirk), its employees, volunteers, officers, or directors. If there is any question regarding my child's ability to participate in these activities, I will inform camp staff prior to allowing my child to participate. I understand that my child is required to follow established rules and procedures associated with each activity. I acknowledge the nature of the activities and the fact that not all the stresses and hazards connected with the activities can be foreseen. I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing that there are inherent risks, dangers, and rigors involved in the activities, I permit my child to participate in the activities of this camp. I give permission for my child to be transported for approved off-site activities or emergencies in camp-owned vehicles driven by licensed and insured drivers who are age 21 or older and who have been cleared to transport campers by our insurance carrier.

### Authorization to Provide Emergency Care

I understand that every reasonable effort will be made to contact me at the contact information I have provided in the event of an emergency. If I cannot be reached at the contact information supplied, I hereby give permission to the physician selected by Presbyterian Camp and Conference Ministries of SW Florida, Inc. (Cedarkirk), to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my child as named herein. I give permission for the release of health information as well as any accompanying information or medical records to medical professionals in the event of injury or illness. I hereby certify that the information I have provided in this form is complete and accurate.

### Signature of Parent/Guardian

By signing below I agree to all statements in this form and attest that all information is accurate:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print name) (sign name)