

## 2010 Camper Registration Form

### Kentucky Conference Camp & Retreat Ministry

*"A Ministry of the Kentucky Conference of the United Methodist Church"*

This Registration is for a camp at (circle one) **Aldersgate, Loucon, Ruggles**  
**Upon completion, please mail all 4 pages to the specific camp.**

#### Family Information

Parent/Legal Guardian 1		Parent/Legal Guardian 2		Camper Address	
Title (Mr./Mrs./...)		Title (Mr./Mrs.)		Street	
Last Name		Last Name		City	
First Name		First Name		State	
Home Phone	( )	Home Phone	( )	Zip	
Work Phone	( )	Work Phone	( )	<b>Parental Status (circle one):</b>  Married    Divorced    Single	
Cell / Pager	( )	Cell / Pager	( )		
E-mail		E-mail			

#### Emergency Contact Information (other than parents)

Contact 1 Full Name		Contact 2 Full Name	
Contact 1 Relationship		Contact 2 Relationship	
Contact 1 Home #	( )	Contact 2 Home #	( )
Contact 1 Work #	( )	Contact 2 Work #	( )
Contact 1 Cell #	( )	Contact 2 Cell #	( )

#### Church Information

Church Name		Minister's Name	
Church Address		District (if United Methodist)	
Church City, State, Zip			

**Please Note:** If church is paying for all or part of the camper's fee, please have a church official fill out the information below (in addition to what you have already included). **If this section is not completed, the parent/guardian will be responsible for the remaining balance upon the camper's arrival.**

#### Church Payment Option

To Be Filled Out By Church	Rush—Limited Space Available!		
Amount Church is paying:		Signature of Minister or Church Officer:	

**Please Note:** For the church payment option to work all of the church information listed above must be filled out in addition to the total amount the church will pay and the signature of a church official.





Camper Name \_\_\_\_\_

Please complete and turn into camp either prior to camp or on the start day of camp. This information is important to enable camp to provide the best possible care and experience while your camper is in our care. It will not be utilized to treat your child differently...we provide the same loving experience for all. Please complete the following additional information:

Camper's Doctor's Name: \_\_\_\_\_ Dr.'s phone \_\_\_\_\_

Camp Session(s) Registered for: \_\_\_\_\_ @ (circle one) Aldersgate, Loucon, Ruggles

1. Is camper on any medications? No \_\_\_\_ Yes \_\_\_\_ . If yes, please list medicines and purpose of each:

\_\_\_\_\_  
\_\_\_\_\_

2. Give a description of any current conditions requiring medication, treatment, or special restrictions or considerations while at camp:

\_\_\_\_\_  
\_\_\_\_\_

3. Does the camper have any behavioral concerns we should know about?

\_\_\_\_\_

4. Give a record of past medical treatment:

\_\_\_\_\_  
\_\_\_\_\_

5. List a record of the camper's immunizations including date of last tetanus shot:

\_\_\_\_\_  
\_\_\_\_\_

6. Please Circle Allergies Camper Has: None Bee Sting Penicillin Sulfa Drug Other (Please List:)

\_\_\_\_\_  
\_\_\_\_\_

7. Provide a record of any dietary restrictions or needs the camper may possess: \_\_\_\_\_

\_\_\_\_\_

8. Are there any camp activities that the camper should not participate in due to physical/psychological reasons?

**Note: All medications brought to camp are handled by the Camp Health Care Provider.**

Are you generally in good health and able to participate in all normal camp activities? Yes \_\_\_\_ No \_\_\_\_

Most Recent Physical Examination \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that the above information is correct and give permission for the release of medical records for insurance purposes in case of illness or accident.

Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

If there are changes or additions to the information listed above before your arrival please inform our health care