

Mt Cross Day Camp

2014 Registration Form



Camper Name _____

Birth Date _____ Gender _____

Home Address _____

Age _____ Grade (as of 9/14) _____

City _____ State _____

Zip Code _____

Please print clearly in ink and use a separate form for each camper.

Does Camper attend church? _____

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care.

If so, where? _____

This form must be filled out by parents/guardians of minors. An update is required annually.

Parent or Guardian Name(s) _____

Phone numbers where you can be reached during the day (please circle best number to call)

Home # _____

Work # _____

Cell # _____

Home Address (if different than camper address) _____

email address _____

Emergency Contact (other than above) _____

Daytime Phone _____ Relationship to Camper _____

Is camper covered by medical/hospital insurance? Yes _____ No _____

If yes, please indicate carrier plan or name _____

Group Number _____

Parent/Guardian Authorization:

I give Mt. Cross Ministries permission to use photography/video of myself/my child taken at Day Camp in the future promotion of Mt. Cross Ministries.

Signature of parent/guardian or adult camper _____

Date _____

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2014 Health Form

Camper Name: _____

Date of Birth: _____

Allergies *Please list all known allergies*

Medication Allergies _____

Describe reaction and management of reaction _____

Food Allergies _____

Describe reaction and management of reaction _____

Other Allergies _____

Describe reaction and management of reaction _____

Current Medications _____

Reason/s for taking _____

Medical Conditions

Does the camper have any medical conditions of which the Day Camp staff should be aware? Please use this space to describe.

Restrictions *The following restrictions apply to this individual*

Please explain any activity restrictions (i.e. what cannot be done, & what adaptations or limitations are necessary)

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2014 Health Form

Additional information

Please use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the Day Camp staff should be aware. *The better informed the Day Camp staff can be, the better they will be able to provide for the needs of your child.*

Family Doctor _____ Phone _____

Address _____

City _____ State _____ Zip _____

Family Dentist/Orthodontist _____ Phone _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Authorization:

This health history is correct and complete as far as I know. The person herein described has permission to engage in all Day Camp activities except as noted.

I hereby give permission to the Day Camp staff to provide routine health care and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for medical treatment, referral, billing or insurance purposes. I give permission to the Day Camp staff to arrange necessary related transportation for me/my child.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian or adult camper _____ Date _____

Printed Name _____

Wednesday Field Trip Permission Form

On Wednesday (June 25th, 2014) we will be going to the park next to the Meadow Vista Pool for lunch and games. We will be walking together with adult supervision. We will be leaving Faith Lutheran at 11:45am and returning by 2:00pm.

Remember to let us know if you will need to pick up your child during this time so arrangements can be made.
Please fill in and Sign below~~

_____ has permission to attend the
Wednesday Field Trip as described above.

I give my permission for _____ to receive emergency medical treatment. In an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Thursday "Between Care" Permission Form

On Thursday (June 26th, 2014) children are invited to remain on-site at Faith Lutheran Church beginning at 3:00pm and ending at 5:00pm. Adult supervision will be provided by Faith Lutheran volunteers.

Remember, at 5:00 pm we will be providing a simple Dinner for children and their families, followed immediately at 5:30 pm by our Family Program when our campers and their Counselors will share aspects of their week.
Please fill in and Sign below~~

_____ has permission to attend the
Thursday "Between Care" as described above.

I give my permission for _____ to receive emergency medical treatment. In an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____