JUNIOR CAMP 2009
Registration Information and Form

1. Please complete registration form in full.
2. Please include the registration fee in full or indicate that you paid online using PayPal
3. Make checks payable to "Community of Christ."
   - ☐ My registration fee of **$160** is enclosed.
     i. Registration fee is **$160** for each additional sibling.
   - ☐ I have paid online using PayPal
4. Bring your registration form along with registration fee to camp
   - Please check with your pastor or congregations financial officer to see if your congregation or mission center will assist you in paying for this activity. If they do assist you, it will be your responsibility to obtain a check from them to send in with your own check for the total registration fee.
   - The total registration fee must be paid at the time of check in on opening day of camp!

Camper Information

Personal Information

Full Name: ______________________________
Last *First* *M.I.*

Address: ______________________________
Street Address *Apartment/Unit #*

____
City *State* *ZIP Code*

Home Phone: (   ) ______________ Alternate Phone: (   ) ______________

E-mail Address: ______________________________

Grade Completed in School: ______________________________

Birth Date: ______________ Sex: ______________

Roommate Preference: ______________________________

Religious Affiliation: ______________________________

Parent/Legal Guardian Information

Full Name: ______________________________
Last *First* *M.I.*

Address: ______________________________
Street Address *Apartment/Unit #*

____
City *State* *ZIP Code*

Primary Phone: (   ) ______________ Alternate Phone: (   ) ______________

Relationship: ______________________________

Person(s) allowed to pick
your child up from camp: ______________________________

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Medical Information

Allergy to foods, medications (if none, so state): ______________________

Is applicant currently under a physician's care for any acute or chronic medical condition? If yes, please explain. ______________________

Does applicant carry non-prescription medication on their person? (if none, so state) ______________________

Medication(s) and purpose: ______________________

Does applicant require prescription medications? (if none, so state) ______________________

Medication(s) and purpose: ______________________

Physician Name: ______________________ Physician Phone: (   ) ______________________

Office Address: ______________________

Health Insurance Provider: ______________________ Phone: (   ) ______________________

Policy Holder's Name: ______________________

Address: ______________________

Group Number: ______________________ Policy Number: ______________________

Please attach a copy of both sides of your insurance card.

Health Information

1. Does camper have or has camper had any of the following conditions? (Please mark "yes" or "no." If "yes" is marked, please list approximate date of last occurrence.)

Condition	No	Yes	Date	Condition	No	Yes	Date
Asthma				Bronchitis			
Rheumatic Fever				Hepatitis			
Scarlet Fever				Appendicitis			
Pneumonia				Epilepsy			
Anemia				Measles			
Heart Trouble				Whooping Cough			
Diabetes				Tuberculosis			
Kidney Trouble				Mumps			
Heart Murmur				Chicken Pox			
Frequent Colds				HIV			
Sore Throats				Fractures			
Sinusitis				Nature of fracture			

Other conditions:

2. Does camper have or has camper had any operations or serious injuries (describe and give dates):

____

____

3. Immunization Dates (A photocopy of the camper's health card may be attached, if any.)

DPT Booster	Diphtheria Booster	Tetanus
Smallpox	Typhoid	Tuberculin
Measles	Mumps	Polio Vaccine (Salk or Sabin)

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4. Has individual recently been exposed to a contagious disease? (If "Yes," describe. If "No," so state)

As a parent/guardian I acknowledge that individual will be checked by the nurse at the start of camp for any condition that mig be contagious. I also understand that should individual have to be sent home due to such a condition, I will be responsible for any and all transportation cost.

5. Does individual have problems in any of the following areas?

Vision Hearing	Hernia	Fainting
Diarrhea	Constipation	Sleep Walking
Bed Wetting		

Recent emotional upset (death of family member, divorce of parents, etc.)?

6. Any other medical, emotional, psychological problems, dietary regime, or physical restrictions? If yes, please describe:

PERMISSION FOR MEDICAL TREATMENT
I, the undersigned, being the parent, legal next-of-kin, or guardian of
hereby authorize any necessary medical treatment for this person. I also guarantee payment of all charges
Incurred during this medical treatment for Physician, hospital, x-ray, lab, drugs, ambulance, etc.

Signature of Parent/Guardian

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LIABILITY RELEASE

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe accident-free environment, incidents may occur.

In consideration for being accepted by the Rio Grande Mission Center of the Community of Christ, for participation in this event, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release, forever discharge and agree to hold harmless the aforementioned mission center and the Community of Christ and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participations in recreation and work-activities involved therein.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant.

The undersigned further agrees to hold harmless and indemnify said organization its directors, employees, and Agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

________________________________ DATE _________________________
(PARENT/LEGAL GUARDIAN)

APPROVAL FOR PHOTO RELEASE

In consideration of the right of ______________________to participate in this activity, I hereby give
(Camper's Name)
consent to and authorize the taking of photographs or videotape in which my child may appear. I hereby waive all right of privacy in and to any said pictures or tapes.

________________________________ DATE _________________________
(PARENT/LEGAL GUARDIAN)

PARTICIPATION CONSENT

We (I) specifically consent to __________________participating in activities offered by
(Camper's Name)
the camp, including but not limited to camping, hiking, and sporting events. We (I) certify that our (my) child has the necessary skills to participate in any of the approved activities.

We (I) specifically do not want _______________________ to participate in the following activities: (if none, please indicate) ____

________________________________ DATE _________________________
(PARENT/LEGAL GUARDIAN)