

Youth Camp 2023



Please read all details in camp brochure before completing this form.

CAMPER INFORMATION

Last Name: _____ First Name: _____
Gender: M F Birthdate: _____ / _____ / _____ Age: _____ Grade (Fall of 2023) _____
Address: _____ City: _____ St: _____ Zip: _____
Phone: () _____ - _____ Church Attending With: _____

TUITION

Select Appropriate Tuition

\$100 **Early Registration** (must be postmarked by Sun, July 2nd to apply)

\$125 **Late Registration** (July 3rd - July 16th)
***** Final Registration date Sunday, July 16th** — no registrations will be taken or
refunds given for cancellations after this date

Total Paid \$ _____

Payment Note: If coming with a TrueBridge Church, please register with your church & return this form/payment to them. Talk to your church for more info. If coming on your own, make check payable to Country Faith Church, attach to this form and mail to: Dacia Olson, 17179 - 390th St, Bagley, MN 56621



T-Shirt Size: ADULT - S M L XL 2XL 3XL

CAMPER HEALTH INFORMATION- MUST BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian Name(s): _____ Mother _____ Father _____ Legal Guardian _____
Primary Phone: () _____ - _____ Secondary Phone: () _____ - _____
Other Emergency Contact- Name: _____ Relationship to Participant _____
Phone: () _____ - _____
Insurance Company: _____ Policy #: _____
Policy Holder's Name: _____ Policy Holder's Birthdate _____ / _____ / _____

CAMPER HEALTH HISTORY

Please check YES or NO to the following lead questions– if the response is YES you will have below to add more detail

- Does Participant have **CHRONIC HEALTH ISSUES** YES NO
- Does Participant have **DIET RESTRICTIONS** YES NO
- Does Participant have **ACTIVITY RESTRICTIONS** YES NO
- Does the Participant **SLEEP WALK** YES NO
- Are Participant’s immunizations current? YES NO
- Does the Participant have any physical condition or illness which would prevent him/her from participating in rigorous activity ? YES NO
- Does the participant have **Mental/Social Disorders** ? YES NO

Condition				
1 Asthma/Lung Trouble	YES	NO	Inhaler?	Yes NO
2 Diabetes	YES	NO		
3 Epilepsy/Seizures	YES	NO		
4 Cardiac or Kidney Problems	YES	NO		
5 Orthopedic Issues	YES	NO		
6 Fainting	YES	NO		
7 Bleeding	YES	NO		
8 Bee Sting Allergy	YES	NO	Epi-Pen?	Yes NO
9 Peanut Allergy	YES	NO	Epi-Pen?	Yes NO
10 Other Food Allergy	YES	NO	Epi-Pen?	Yes NO
11 Drug Allergy	YES	NO	Epi-Pen?	Yes NO

If yes, please explain: _____

Is the Participant presently being treated for an injury or sickness or taking any form of **medication** for any reason? YES NO
 If yes, please explain: _____

Please list medications, foods, or environmental allergens that Participant is allergic to and the allergy reaction if not mentioned above:

Please list any and all diseases, serious illness, injuries and surgeries the Participant has or has had:

Please Note: If your child has been sick and has had symptoms less than 24 hours (vomiting, fever, diarrhea), on a prescription for less than 24 hours for communicable diseases, or with an active case of Lice or contagious rashes please consult with Camp Director– Nicky Ubert. The previously listed items may mean they are ineligible to attend camp or may be sent home if they attend.

Permission is given for over-the-counter medication to be administered to participant as directed per age/weight as deemed appropriate by camp nurse.
 YES NO Does the participant require any medications to be administered? YES NO

If yes, please list below all medication with dosage, frequency/time and reason for dispensing.

*All prescription medications must be in the original container with pharmacy label including patient name, physician name, medication name, prescription number, date prescribed, dosage to be administered by the camp nurse. Any over-the-counter products (vitamins..etc) must also be brought to the nurse station to be administered to Participant

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Reason</u>

Parental Authorization and Consent– Liability Release Statement:

I understand that any lack of cooperation, unnecessary roughness, lack of respect for property/volunteers, unlawful activity or an unwholesome attitude on the part of any participant will result in expulsion from camp. Immediate arrangements for Participant pick-up from camp will be the responsibility of the parents/guardians.

MEDICAL TREATMENT AUTHORIZATION: We, THE PARENTS AND/OR GUARDIANS of Participant understand that the parent will be notified in the case of a medical emergency involving the Participant. However in the event that Parents, or emergency contact, can not be reached, we authorize the calling of a doctor and the providing of necessary medical services if the Participant is injured or becomes ill. We authorize any one or more of the following person to make emergency medical care decisions on behalf of the Participant, if required by law or health care provider: Camp director, nurse, or authorized designee.

Parents/Guardians understand that Country Faith Church and Camp Dellwater or any of their employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of this authorization. We agree to notify Country Faith Church in the event of any health changes which would restrict the Participant’s participation in any activities. We also understand that CFC and Dellwater’s camp representatives (Camp Director, Assistant Director, Activities Director, or authorized designee) reserve the right to restrict the Participant from any activity for any reason.

ACTIVITIES: I understand that by signing this form I am giving permission for the Participant to participate in all camp activities on the camp grounds, which include worship/sessions, games/activities, swimming, and water slide. Every activity held at camp is carefully planned and adequately supervised by mature adults/volunteers. However, even in the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in camp-related activities. They also agree not to hold CFC or Camp Dellwater liable for damages, losses and injuries to the person.

PERSONAL BELONGINGS: We reserve the right to inspect the contents of all cabins and personal effects of campers and staff in needed. If items that are not allowed at camp (see brochure) are found, campers will be asked to surrender them to the camp director for their proper care or disposal upon the completion of camp. Possession of illegal items will result in a call to parent/guardian and is grounds for dismissal

PICTURES & VIDEOS: We authorize Country Faith Church to use our child’s likeness in photographs or videos to create camp slideshows for closing ceremony played at Camp Dellwater, Country Faith Church, and other participating Truebridge Network churches.

Parent/Guardian Signature: _____ **DATE:** _____