

Camp use only:      Registration paid \_\_\_\_\_

**CAMP STOVER**  
**Adult Registration Form**  
Use separate form for each camper

**Please print**

Name of Camper \_\_\_\_\_ Male    Female \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Home Church \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Is there someone at camp we can contact \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical/Hospital Insurance Carrier \_\_\_\_\_ Group/Policy# \_\_\_\_\_

Please list any dietary needs: \_\_\_\_\_ E-mail \_\_\_\_\_

**T-Shirt Sizes:**

<b>Adult</b>	<input type="checkbox"/> <b>Small</b>	<input type="checkbox"/> <b>Medium</b>	<input type="checkbox"/> <b>Large</b>	<input type="checkbox"/> <b>XL</b>	<input type="checkbox"/> <b>XXL</b>	<input type="checkbox"/> <b>XXXL</b>
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**While attending or traveling to or from Camp Stover or special activities I become incapacitated for any reason and can not make my own medical decisions and my emergency contact can not be reached within a reasonable period of time, I hereby authorize and grant permission to a representative from Camp Stover to act on my behalf in granting permission for evaluation, hospitalization, to secure proper treatment, and/or order injection, anesthesia, surgery and treatment of any and all emergency medical problems as deemed necessary by the attending emergency medical team EMT/paramedics or licensed attending physician, until such time that my emergency contact can be reached.**

**Camp Stover may use my pictures for promotional use if they appear in the Camp pictures taken this year.**

**Adult Camper's Signature** \_\_\_\_\_

**NOTE:** Please list all Medical conditions you have and all medications you are currently taking that you would want known in case of emergency, on the back of this form.

**Philippians 4:5** "Let your moderation be known to all men..."

Camp Stover is thankful for the cooperation of parents and campers who work together to maintain dress standards. Swimsuits are to be worn only when at the pond, or when going to or from Zims. String bikinis are not allowed. Not permitted are: revealing or risqué outfits or clothing that has holes purely for fashion or shirts worn to show off your stomach. Such dress will not be allowed. We are an inter-generational camp...if it might make someone uncomfortable to see it, then you will be asked to change. All campers at Camp Stover are expected to conduct themselves in a Christ-like manner. The leadership of Camp Stover recognizes that campers are learning and growing to be responsible.

The Camp reserves the right to dismiss any camper that is disruptive, disrespectful or cannot follow camp rules. If the camper is a child, the Parents/Guardians will be notified and the child will be sent home.

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**Health History Record**

**Note: Your "Health History Record" will be kept confidential.**

**Part I: Illness and injuries (check all that apply)**

_____ Ear Infection	_____ Bleeding/Clotting Disorders	_____ Hypertension
_____ Asthma	_____ Heart Defect/Disease	_____ Seizures
_____ Diabetes	_____ Musculoskeletal Disorders	_____ Cancer
_____ Other (please specify) _____		

**Part II: Allergies (check all that apply and specify nature of allergic reaction)**

_____ Animals	_____
_____ Hay Fever	_____
_____ Pollen	_____
_____ Food	_____
_____ Medicines/Drugs	_____
_____ Insect Stings	_____
_____ Plants	_____
_____ Other	_____

**Please explain any items that are checked. Indicate any information that emergency personal should know concerning any of these health conditions.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list all past surgeries:** \_\_\_\_\_

**Please list all medication you are currently taking (including herbs) & the prescribed dosage and normal time it is taken each day or indicate where a list can be found in case of emergency (purse, wallet, spouse, etc.)**

<b><u>Medication</u></b> (Add an additional sheet if needed)	<b><u>Dosage</u></b>	<b><u>Time</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____