

CAMP STOVER

Leadership Registration Form

Use separate form for each camper

Please print

Name of Camper _____

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: _____

T-Shirt Sizes:

Adult	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL
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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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Leadership Registration is \$15.00 for insurance and t-shirt up to size XL

\$20.00 for insurance and t-shirt sizes XXL and larger

Health History Record

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

<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Seizures
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Musculoskeletal Disorders	<input type="checkbox"/> Cancer
<input type="checkbox"/> Other (please specify) _____		

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

<input type="checkbox"/> Animals	_____
<input type="checkbox"/> Hay Fever	_____
<input type="checkbox"/> Pollen	_____
<input type="checkbox"/> Food	_____
<input type="checkbox"/> Medicines/Drugs	_____
<input type="checkbox"/> Insect Stings	_____
<input type="checkbox"/> Plants	_____
<input type="checkbox"/> 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. (Add an additional sheet if needed)

<u>Medication</u>	<u>Dosage</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST ANY DIETARY NEEDS: _____

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