

Camp 180 – Summer Camp 2009 Registration Form

Registration Form & **\$50** deposit due by May 28th, 2008 for **\$135** Special
Form must be filled out completely and signed by legal parent or guardian.

NOTE: No deposits refunds after May 28th.

Make all checks out to **North Michigan District Youth Camp**

Mail Completed Form to: Chris Wallace Box 218 Ellsworth, MI 49729 (231) 588-7455

Please Print

Sign me up for:		
<input type="checkbox"/> Jr. High Camp – June 20st – June 23th (Completed grades 5-8)		
<input type="checkbox"/> Sr. High Camp – June 23th – June 27th (Completed grades 8-12) Note: Those who completed grade 8th can register for either camp.		
Camper's Last Name		First Name
Birth Date	Age at time of Camp	Gender
Camper Email		
Parent / Guardian Name (s)		
Street Address		
City	Sate	Zip
Home Phone ()	Cell Phone ()	Work Phone (indicate whose) ()
Parent Email		
Confirmations will be sent to this email address unless USPS is requested here: <input type="checkbox"/>		
Church Attending		Denomination
Emergency Contact Name (if parent / guardian is not available)		
Home Phone ()	Cell Phone ()	Work Phone (indicate whose) ()
4 For FREE Name:		

Health Form

<p>Please Check all that apply</p> <p><input type="checkbox"/> Overall good health</p> <p><input type="checkbox"/> Chronic / Recurring illness (list) _____</p> <p><input type="checkbox"/> Convulsive disorders (list) _____</p> <p><input type="checkbox"/> Recent illness / injury (list) _____</p> <p><input type="checkbox"/> Contagious diseases (list) _____</p> <p><input type="checkbox"/> Special conditions (such as allergies, physical limitations, special behavioral considerations etc.)</p>	<p>Medications</p> <p>List all medications (both prescription & non) brought by the camper. They must be in original containers and turned into the camp nurse upon arrival. (attach additional sheet if needed)</p>				
<p>Immunization dates</p> <p>Tetanus / booster _____ Polio _____</p> <p>Measles _____ Mumps _____</p>	<p>Any Additional Comments</p>				
<p>Insurance information</p> <p>Health Insurance Co. _____ (Send copy of Insurance card if possible)</p>	<p>I authorize the Camp 180 Health Officer to render necessary routine first aid and nursing care as required. In the event of an emergency, I give permission to the licensed physician chosen by Camp 180 to hospitalize, secure proper treatment, anesthesia, or surgery for the Camper named on this form.</p> <p>Signed _____ Date _____</p>				
<p>Address</p>	<p>I also understand that Camp 180 staff reserves the right to send the camper home, at my expense, if they deem it necessary due to disciplinary reasons.</p>				
<p>Employer</p>	<p>Policy or Insurance number</p>				