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Description automatically generated

Woodland Wonder

Summer 2023

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please check session(s) your camper will attend: □ June 16 June 23 □ July 7 □ July 14 □ July 28 □ Aug 6** | | | | | | | | | | | | | | | | |
| **CAMPER INFORMATION** Complete all fields below. A separate form is needed for each camper. | | | | | | | | | | | | | | | | |
| Full Name | | Address: City & Zip | | | | | | | | | | | | | | |
| Nickname: | | | Birthdate: | | | | | | Age | | T-Shirt Size: (circle one)  Youth- XS S M L XL  Adult: S M L XL XXL XXXL | | | | | Shoe  Size |
| Grade (2022-2023 School Year) | | | School: | | | | | | | | | | | | | |
| Local Church (if applicable) | | | | | | | | | | | | Pastor (if applicable) | | | | |
| Pastor’s E-mail (if applicable) | | | | | | | | | | | | | | | | |
| Camper’s Favorite Activities: | | | | | | | | | | | | | | | | |
| Has camper participated in camp before? □Yes □No  If so, where? | | | | | | | | | | | | | | | | |
| Does child swim? □ yes □ no Rate their swimming ability: □ good □ fair □poor | | | | | | | | | | | | | | | | |
| Does child have any medical, physical or emotional needs that will make participation in camp activities more challenging?  □Yes □No If yes, please describe their special challenges: | | | | | | | | | | | | | | | | |
| Is there any other information you want us to have about the camper? | | | | | | | | | | | | | | | | |
| **PARENT/LEGAL GUARDIAN INFORMATION Complete all fields below. Legal documentation is required at registration and does not stay on file for Legal Guardians. In case of emergency Parent/Legal Guardian is our first contact.** | | | | | | | | | | | | | | | | |
| **Relationship to Camper: □Parent □Step-Parent □Legal Guardian** (Legal Documentation Required) | | | | | | | | | | | | | | | | |
| Name | Address | | | | | | | | | | | | City & Zip | | | |
| E-Mail (required) | | | | | | | | | | | | | | | | |
| Primary Phone □Home □Cell | | | | | | | Secondary Phone □Work □Cell | | | | | | | | | |
| **Relationship to Camper: □Parent □Step-Parent □Legal Guardian** (Legal Documentation Required) | | | | | | | | | | | | | | | | |
| Name | Address | | | | | | | | | | | | City & Zip | | | |
| E-Mail (required) | | | | | | | | | | | | | | | | |
| Primary Phone □Home □Cell | | | | | | Secondary Phone □Work □Cell | | | | | | | | | | |
| **EMERGENCY CONTACT(S)**  Provide contact information for adult(s) other than the parent/legal guardian above in case parent cannot be reached. | | | | | | | | | | | | | | | | |
| Full Name | Address | | | | | | | | | | | | | | City & Zip | |
| E-mail | | | | | | | | | | | | Relationship to Camper | | | | |
| Primary Phone □Home □Cell | | | | Secondary Phone □Work □Cell | | | | | | | | | | | | |
| Full Name | Address | | | | | | | | | | | | | City & Zip | | |
| E-mail | | | | | | | | | | | | Relationship to Camper | | | | |
| Primary Phone □Home □Cell | | | | | | | | Secondary Phone □Work □Cell | | | | | | | | |
| **HEALTH INFORMATION** | | | | | | | | | | | | | | | | |
| Check if camper has had any of the following:  \_\_ Lung Trouble \_\_Asthma \_\_ Tonsillitis  \_\_Appendicitis \_\_\_ Heart Trouble  \_\_\_ Hay Fever \_\_\_\_ADHD \_\_\_Diabetes  \_\_\_ Ear Trouble \_\_\_ Sinusitis | | | | | | Will camper require medication to be administered during camp?  □No □Yes  Please List: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Medication form(s) required. All medications must be left with director to dispense and must be in original container with original label and instructions. | | | | | | | | | | |
| Allergies (Bee stings, medications, poison ivy, etc.):  Epi-Pen Required □No □Yes If yes, Allergy Action Plan from physician required for participation. | | | | | | | | | | | | | | | | |
| Food Allergies or Special Dietary Needs: | | | | | | | | | | | | | | | | |
| Epi-Pen Required? □No □Yes If yes, Allergy Action Plan from physician required for participation. | | | | | | | | | | | | | | | | |
| Physician’s Name | | | | | Phone: | | | | | | | Emergency Phone: | | | | |
| Medical Insurance Company | | | | | | | | | | | | Pre-Admission Phone Number  (if Applicable) | | | | |
| Insurance Policy Number/Member ID  Copy of both sides of card must accompany this application. | | | | | | | | | | | | Group Number (if applicable) | | | | |
| **Parent/Guardian Consents and Releases** | | | | | | | | | | | | | | | | |
| **Conduct Code:**  Camper (child) should adhere to all camp rules and policies. Any camper who violates camp rules, is disruptive or not cooperative with the camp program or others in attendance is subject to dismissal and forfeiture of fees.  **General and Emergency Medical Authorizations:** I hereby give permission to the first aid personnel selected by camp personnel to determine and provide standard first aid care and administer medications sent for camper and over the counter medications; and in an emergency case to determine and select outside medical personnel and facilities, and I grant permission to such to order x-rays, make routine tests, hospitalize, secure proper treatment for and to order injection and /or anesthesia and/or surgery for this camper.  Camper has my permission to attend SELAH Children’s Camp and engage in all activities except as noted below:  The information recorded on this form is accurate and complete. | | | | | | | | | | | | | | | | |
| Signature of Parent/Guardian | | | | | | | | | | Date: | | | | | | |
| Notary Signature and Seal | | | | | | | | | | | | | | | | |