

**PLEASE CHECK CAMP OR RETREAT ATTENDING**

- |   |   |
|---|---|
| <input type="checkbox"/> Junior Retreat (currently in grades 3-5)       | <input type="checkbox"/> Junior Camp – Brooksville, ME (completed grades 3-8)       |
| <input type="checkbox"/> Junior High Retreat (currently in grades 6-8)  | <input type="checkbox"/> Junior/Junior High Camp – Onset, MA (completed grades 3-8) |
| <input type="checkbox"/> Senior High Retreat (currently in grades 9-12) | <input type="checkbox"/> Junior High Camp – Brooksville, ME (completed grades 6-8)  |
|   | <input type="checkbox"/> Senior High Camp – Brooksville, ME (completed grades 9-12) |

Check registration status:  Camper       Counselor/Counselor-in-Training       Staff

**GENERAL INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Gender  Female     Male    SS # \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_    T-Shirt Size \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Home Church \_\_\_\_\_

Name of Parents, Custodial Parent or Legal Guardian\* \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Additional Parent, Legal Guardian or Next of Kin\* \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Persons allowed to pick up child from camp/retreat\* \_\_\_\_\_

*\*Applies only to those under 21 years of age.*

**EMERGENCY NOTIFICATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies to foods, medications  Yes     No    If yes, please list \_\_\_\_\_

Is applicant currently under a physician's care for any acute or chronic medical condition?       Yes     No

    If yes, please explain \_\_\_\_\_

Does applicant require **nonprescription** medication on their person?       Yes     No

    If yes, list medications and purpose \_\_\_\_\_

Does applicant require **prescription** medication on their person?       Yes     No

    If yes, list medications and purpose \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other information \_\_\_\_\_

**Please attach a copy of both sides of your insurance card**

**HEALTH INFORMATION**

Has applicant ever had any of the following? (Please check if yes and provide month and year of latest occurrence.)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Anemia _____       | <input type="checkbox"/> Appendicitis _____ | <input type="checkbox"/> Bronchitis _____      | <input type="checkbox"/> Chicken Pox _____    |
| <input type="checkbox"/> Diabetes _____     | <input type="checkbox"/> Epilepsy _____     | <input type="checkbox"/> Frequent Colds _____  | <input type="checkbox"/> Heart Trouble _____  |
| <input type="checkbox"/> Heart Murmur _____ | <input type="checkbox"/> Fractures _____    | Describe _____                                 |   |
| <input type="checkbox"/> HIV _____          | <input type="checkbox"/> Hepatitis _____    | <input type="checkbox"/> Kidney Trouble _____  | <input type="checkbox"/> Measles _____        |
| <input type="checkbox"/> Mumps _____        | <input type="checkbox"/> Pneumonia _____    | <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Scarlet Fever _____  |
| <input type="checkbox"/> Sinusitis _____    | <input type="checkbox"/> Sore Throats _____ | <input type="checkbox"/> Tuberculosis _____    | <input type="checkbox"/> Whooping Cough _____ |

Please list applicant's major operations or serious injuries (describe and give dates)

Please list applicant's immunization dates for the following (or attach a copy of health card):

- |                     |                          |                       |                |
|---------------------|--------------------------|-----------------------|----------------|
| DPT _____           | Booster Diphtheria _____ | Booster Tetanus _____ | Smallpox _____ |
| Typhoid _____       | Tuberculin _____         | Measles _____         | Mump[s] _____  |
| Polio Vaccine _____ | Other _____              |                       |                |

What contagious disease(s) has the applicant been exposed to lately? \_\_\_\_\_

- Please check any of the following conditions that apply to the applicant.  Vision Problems  Hearing Problems  Hernia
- Fainting  Diarrhea  Constipation  Sleep Walking  Bed Wetting
- Recent Emotional Upset — Death of loved one, divorce of parents. Please explain \_\_\_\_\_

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the applicant's experience at camp. \_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT (MUST BE SIGNED FOR YOUTH TO PARTICIPATE)**

I, the undersigned parent, legal guardian, next of kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment.

**\*\*Signature of Parent/Guardian/Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**PHOTO RELEASE (FOR PHOTOS USED IN CAMP LOG, YOUGH CALENDARS, ETC.)**

In consideration of the right of the applicant to participate in this activity, I give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I waive all right of privacy in and to any said photographs or videotapes.

**\*\*Signature of Parent/Guardian/Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**ACTIVITY CONSENT (MUST BE SIGNED FOR YOUTH TO PARTICIPATE)**

I specifically consent to the applicant's participation in activities offered by this camp/retreat, including but not limited to camping, boating, canoeing, swimming, hiking, water or snow skiing, and other sporting events. I have deleted any items from the preceding list to which I do **NOT** give consent for participation. I certify that the applicant has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the camper can swim). I specifically do **NOT** want the applicant to participate in the following activities:

**\*\*Signature of Parent/Guardian/Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**LIABILITY RELEASE (MUST BE SIGNED FOR YOUTH TO PARTICIPATE)**

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by New England Mission Center of the Community of Christ for participation in this event, we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever, discharge, and agree to hold harmless the camp/retreat and the Community of Christ and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and on behalf of my child-participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

**Both parents must sign unless parents are separated or divorced, in which case custodial parent must sign.**

**\*\*Only applicant must sign if 21 years of age or older.**

**\*\*Signature of Parent/Guardian/Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*Signature of Parent/Guardian/Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_