

# VICTORY CAMP REGISTRATION FORM

(This form must be completed by each person attending camp)

Session 1 KIDS CAMP Grades 3-5 June 6-9, 2012	Session 2 DAY CAMP Grades K-5 June 11-15, 2012	Session 3 JH CAMP Grades 6-8 July 16-19, 2012	Session 4 DAY CAMP Grades K-5 July 30-Aug 3, 2012	Please Complete If You Are Attending With A Group <hr/> GROUP NAME <hr/> CITY
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Camper Name \_\_\_\_\_ M F Age \_\_\_\_\_  
First Last

Address \_\_\_\_\_

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

E-mail address \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

In case of emergency contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Any special requirement or attention needed (please explain)

\_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Activities limited by physician \_\_\_\_\_

Current medication (send with instructions) \_\_\_\_\_

Reason for taking above medication \_\_\_\_\_

The proposed activities provided by Victory Camp require participation in physical exercises which are by their nature, physically demanding. Many of the activities including, but not limited to, challenge course activities, soccer, go-karts, basketball, volleyball, etc. . . ., will or may challenge you and could cause surges in blood pressure and pulse rates. It is imperative that you are free from any heart-related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should receive a physical activities. If you check any of the inquired conditions, it is solely your responsibility to receive the necessary approval from the appropriate health care providers for your participation in all physical activities. If more information is needed regarding such activities, please contact Victory Camp.

**A COPY OF THE CAMPER'S IMMUNIZATION RECORD MUST ACCOMPANY THIS FORM**

## OFFICE USE ONLY

#	<input type="checkbox"/>	_____	\$ _____
EB	<input type="checkbox"/>	_____	\$ _____
SR	<input type="checkbox"/>	_____	\$ _____

## FRIEND REQUEST

(limit one request per camper,  
 both campers' requests must match)\*

Every effort will be made to accommodate requests, however due to space restrictions and age requirements we cannot guarantee groupings.


## CAMPER PICK UP

The following persons (in addition to the parent/ guardian listed) are authorized to pick up the camper:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

 All persons will be required to show photo ID when picking up a camper.

## MEDICAL INFORMATION

Please fill in the following information as completely and accurately as possible. Any medication the camper is currently using along with a letter describing dosage, frequency, and instructions concerning the medication or any treatment must be turned in to the camp health care provider upon arrival.

### ALLERGIES

Check all that apply.

- |                              |                     |
|------------------------------|---------------------|
| Hay fever _____              | Insect Stings _____ |
| Asthma _____                 | Penicillin _____    |
| Foods _____                  | Other drugs _____   |
| Operations or injuries _____ | _____               |

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### HEALTH HISTORY

Check all that apply.

- Frequent ear infections \_\_\_\_\_
- Bleeding / clotting disorder \_\_\_\_\_
- Heart defect / diseases \_\_\_\_\_
- Dizziness / fainting \_\_\_\_\_
- Chest pain \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Mononucleosis \_\_\_\_\_
- Arthritis / joint problems \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Hypertension \_\_\_\_\_
- Back problems \_\_\_\_\_
- Pregnant \_\_\_\_\_

## INSURANCE INFORMATION

Company: \_\_\_\_\_

Policy or Group # \_\_\_\_\_ HMO PPO

Insurance Company Phone: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

## AGREEMENT TO PARTICIPATE ASSUMPTION OF RISK AND RELEASE OF LIABILITY

### PLEASE READ BEFORE SIGNING

I (we) acknowledge that during the session that the applicant is participating in, certain risks and danger may occur. I (we) recognize that such risks and danger may include loss or damage to personal property, physical injury, or fatality due to accident. I am healthy (both physically and mentally) and am capable of participating in this session. The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I fully authorize the camp's medical personnel to order x-rays, routine tests, treatment and necessary transportation for me/ my child. In the event the parent or guardian cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for me/ my child as deemed necessary. I, individually and on behalf of the minor, do hereby release Victory Camp (a ministry of Living Stones Church) and its employees from any and all liability. I also understand that my participation in this Victory Camp program is entirely VOLUNTARY. I enter in to this session and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions. I understand that photographs or video may be taken of me/ my child during this session for promotional use by Victory Camp. I understand that I will not receive compensation, monetary or otherwise in exchange for these images. I agree that being allowed to participate in Victory Camp is

By checking the "I Accept" box you are agreeing to the information in the Agreement to Participate, Assumption of Risk, and Release of Liability statement. According to the Electronic Signature Act of 2001, accepting this statement is equivalent to your legal signature. Do not accept this statement unless you are the parent or legal guardian of the camper that is being registered or are over 18 years of age.



I ACCEPT

Initials: \_\_\_\_\_