

Camp Concordia

General Registration Form

First Name _____ Last Name _____ Event: _____ Event Date _____
Address _____ Home Phone _____
City _____ State _____ Zip _____ Cell Phone _____
Parents Name _____ E-mail _____
Congregation/City: _____ Birthday ___ / ___ / ___ Age _____ Gender _____
Emergency Contact: Name _____ Relationship _____ Phone _____

Insurance Information:

Carrier _____ Policy # _____ Phone: _____

Health Information:

Doctor & Phone: _____ Dentist & Phone: _____

List any medical concerns over the last 2 years that we should be aware of, i.e.: Ear infection, Surgeries, Psychological, Heart Condition, Convulsions/Seizures, Blood Disorders, Hypertension, Mono, Broken Bones.

Does the above named have any current infectious diseases: ___ No ___ Yes Date of Last Physical ___ / ___ / ___
If Yes, Please Explain (respiratory and/or circulatory) ie. Cold, Rubella, HIV, Tuberculosis etc.

List physical limitations or specific activities to be limited by parent/physician advice? Other information we need to know?

Medications Brought To Camp: _____

Notes on Giving: _____

Special Considerations? _____

Authorizations: Please check each box as you review it.

- This registration and the information provided is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above. I also give permission to Camp Concordia, which is licensed by the Michigan Department of Social Services, to provide routine, non-surgical medical care and to secure emergency medical and surgical treatment for the camper named above, while at camp. In the event I cannot be reached in an emergency, I give permission to the physician selected by Camp Concordia to hospitalize, secure proper treatment, order injection, and/or anesthesia, and/or surgery.
- The person herein described is authorized to participate in the above named event, on the dates indicated and to travel in a private car, van or bus to and from the event.
- I/we do hereby release Camp Concordia, the above named church, their respective representatives, the driver and/or adult leaders from and of any liability for injury.
- I authorize Camp Concordia to have and use reasonable photographs, slides, moving pictures, audio/video tapes of my child for the purpose of legitimate records, public relations and/or advertising.

Signature of Parent/Guardian _____ **Date** _____