



2017 CAMPER REGISTRATION

Teen Camp (June 12-17) Entering Grade 7 through 2017 Graduates

Junior Camp (June 19-24) Entering Grades 3 through 6

[Fee for each camp is \$120 per camper; application must include a minimum, non-refundable deposit of \$10]

CAMPER INFORMATION — *please print*

Name: _____

Mailing Address: _____

Email Address: _____

Date of Birth: ____/____/____ Gender: _____ Grade (Fall 2017): _____

Emergency Contact Person: _____

Daytime/Nighttime Phone Number(s): _____

Sending Church, City: _____

Personal Physician, Phone #: _____

Insurance Company, Policy #, Phone #: _____



Medical Information

PLEASE LIST ANY ALLERGIES: _____

Other Medical Conditions: _____

Approximate Date of last DPT: ____/____/____

Parent's initials for this page:

Please check any condition that the camper has a known history of:

- | | | | |
|--|--|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Rashes |
| <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Stomach Ache | <input type="checkbox"/> Sinus Condition | <input type="checkbox"/> Bed Wetting | |

Please read the statements on the back half or second page of this form, and sign where indicated.

Camper/Parent Agreement:

1. We have read, understand, and agree to the Camp Tishomingo Manual. We understand that campers will not have access to cell phones for any reason during camp.
2. We agree to abide by and support the standards of Camp Tishomingo, as listed in the Camp Manual and/or directed by the Camp Dean, including the standards for participation, appropriate dress, and behavior.
3. We understand that violations of the camp standards and/or the Dean's instructions may result in forfeiture of the remaining camp time and the entire fee.
4. We accept liability for the repair or replacement of property owned, rented, or borrowed by Camp Tishomingo for any damage intentionally done to it.
5. As parents, we will pick up our camper as soon as possible if discipline, illness, or injury requires an early dismissal from camp.

Camper's Signature: _____ **Date:** ____/____/____

Parent's Signature: _____ **Date:** ____/____/____

Pastor's Signature: _____ **Date:** ____/____/____

Policy for Dispensing Medications, Constant Medical Attention, and Emergencies

Medication will be dispensed by the Camp Nurse or other authorized adult staff member. Medication will be given only with the permission of the parent, as indicated by signature below. This includes prescription or over-the-counter medication. If you believe your minor may need medication during the camp week—based on the camper's medical past—please explain this on an attached paper.

I authorize the Camp Nurse or Dean to give the following pain meds to my teen if needed (you might want to include Tylenol, Aspirin, or Ibuprofen): _____

In case of emergency or continuing illness, the Camp Nurse or other adult staff member will give immediate first aid or other medical care, as needed. A call will be made to the parent. If deemed necessary, the camper will be taken to the hospital, or we will call 911. All expenses are the responsibility of the parent.

Medical Release



If a medical emergency arises and I cannot be reached by phone (listed on page 1), or am unable to represent myself, I hereby authorize a ministry leader representing Camp Tishomingo to act as my agent for consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for myself or my child, which is deemed advisable by, and is to be rendered under general or special supervision of any medical health professional licensed under the provisions of the Medical Practice Act, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at an office or in a clinic or hospital.

Further, by my signature below, I indemnify and agree to hold harmless Camp Tishomingo and their ministry leaders, agents, officers and/or members for any injuries or illness which may occur as a result of participation in camp.

Parent's Signature: _____ **Date:** ____/____/____

Please send this completed form to:

Jim Rakoci
10075 North Scott Drive
Casa Grande, AZ 85122

Include a minimum deposit of \$10; please make checks PAYABLE TO CAMP TISHOMINGO.

For instructions on how to pay online, please contact arizonabaptists@gmail.com

Camp applications are due by May 15, 2017. Late applications may be assessed a late fee.