

CAMP MOUNT LUTHER

2010 REGISTRATION AND HEALTH FORM

CAMPER INFORMATION				
Camper's Last Name:	First:	Middle:	Grade Completed in June 2010:	E-Mail:
Street Address:	City/State/Zip:		Birth Date: / /	Age: Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parents' Name		Home Phone: ()	Cell or Work Phone: ()	
Congregation:	City/State:		Cabinmate Request:	
INSURANCE INFORMATION				
Does insurance require MD approval prior to care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, indicate the phone number to call: ()		
Medical Insurance Carrier/Plan Name and Group Number:		Insurance ID Number:	Guardian Name on Policy:	
IN CASE OF EMERGENCY				
Name of local friend or relative (not living at same address):	Relationship to Camper:		Home Phone: ()	Cell or Work Phone: ()
PAYMENT INFORMATION				
<input type="checkbox"/> Check Enclosed for Amount: _____		<input type="checkbox"/> Church Pays this Amount: _____		
		<input type="checkbox"/> Bill Diocese this Amount: _____		
<input type="checkbox"/> Bill Credit Card for Amount: _____ Visa / MasterCard / Discover / AMEX		Card Number: _____		
		Expiration Date: _____		

Are you a returning camper? **No** **Yes** **(Please circle)**

CAMP FEES: Non-Refundable Registration Deposit is \$75. Camper portion of fees must be paid before registration day. To qualify for April 15th early registration incentive, you must pay the entire camper portion of the fees. Fees are listed in each program's description.

Please circle your desired program below. You will be assigned to your group based on the grade you completed in June. Please check age group requirements in the brochure descriptions.

WEEK 1: 6/14-18	Day Camp			
WEEK 2: 6/20-25	Traditional	LEGO Adventure	Junior Crafts	
WEEK 3: 6/27-7/2	Traditional	Senior High		
WEEK 4: 7/4-7/9	Night Owl	Pedal, Pack and Paddle	Intermediate Crafts	Day Camp @ Night (Mon-Thurs)
WEEK 5: 7/11-7/14	Family Camp (please fill out one registration form per person)			Gettysburg Adventure (ends July 16)
WEEK 5.5: 7/14-7/16	Mini-Pioneer	Mini-Junior	Mini-Intern	
WEEK 6: 7/18-7/23	Pioneers	Night Owl	Interns	
WEEK 8: 8/1-8/6	BASIC*	BASIC*/SURE	SURE Wilderness Adventure	Interns

FORM CONTINUES ON REVERSE SIDE- DOCTOR'S SIGNATURE REQUIRED!!!!

HEALTH INFORMATION is gathered to assist in identifying appropriate care. All but "Health Care Exam by Licensed Medical Personnel" is to be completed by a minor's guardian. All campers and staff must be examined by a licensed physician within the last 12 months. If bringing medications to camp, please leave them in their original containers. If you are unable to have the physician fill out the health portion, you can send a photocopy of the incomplete form as your registration and mail in the health form when it is complete. **Please make a copy of the registration and health form and keep for your records in case it gets lost in the mail.**

Immunizations

Indicate below that the following are up to date:

DATE VACCINE

_____ DTP

_____ Tetanus/Diphtheria (TD)

_____ Tetanus

_____ Polio

_____ Measles (Hard, red, rubella)

_____ Rubella

_____ Hemophilus influenza B

_____ Hepatitis B

_____ TB Mantoux Test (Result: _____)

Health Information

Indicate below all known allergies (e.g. medication, food, insects, plants), past medical treatment, illnesses or important health history information we may need to know as well as any other information we should be aware of, including dietary concerns:

CONSENT & RELEASE PERMISSION:

I hereby give consent for camp personnel to give over-the-counter medications should it be necessary. I understand that the Camp Mount Luther Corporation and its employees are not responsible for untoward effects of nonprescription medications. (2) I give the camp permission to dispense my child's prescription medication as listed. (3) I hereby give permission to the medical personnel selected by the camp administration to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatments, including hospitalization, for the above named person. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. This completed form may be photocopied for trips out of camp. (4) I am interested in the policies, goals and programs of Camp Mount Luther and hereby give permission to my child to participate in the programs and activities of the camp he or she may attend. In the event hikes, field trips or camping trips are planned away from the camp as part of the camp program under the direction of the camp administration, my camper has my permission to participate in such activities. Any photos or video recordings taken in which my child appears may be used for promotion of camp free of any claims. I have read the refund policy and agree to the provisions contained in it.

Parent's Signature (if under 18) _____ Date _____

HEALTH EXAM CERTIFICATION BY LICENSED MEDICAL PERSONNEL FOR SUMMER CAMP

I have examined the named participant and in my opinion, he/she is able to participate in an active camp program with the following restrictions/recommendations or treatments at camp:

General Health of Camper: _____ Normal _____ Below Average _____ Sickly

The applicant is under the care of a physician for the following conditions:

The following medications are to be administered at camp:

Drug: _____ Dosage: _____ Times Given (indicate breakfast, lunch, supper, bedtime)

Has or will this individual be taken off any medications for the summer? _____ If yes, please explain why:

Date of last exam _____ BP _____ Weight _____ Height _____

Signature of Licensed Medical Personnel: _____ Date _____

Name of Family Physician: _____ Phone () _____

Address _____

HEALTH SCREENING
(to be completed at camp by health officer)

Reviewed by

Date
