

CAMP TADMOR 2009 REGISTRATION FORM FOR RESERVED CHURCH CABIN

One form per camper. Please complete form and return with payment to church - do not send directly to Camp Tadmor. *Please print and use a black or blue ink.*

Camper name: _____

Birthdate: _____ Gender _____ Grade entering as of 9/09 _____

Street Address or P.O. _____

City _____ State _____ Zip _____

Parent(s)/Guardian (print) _____

Phone: Home (_____) _____ Daytime (_____) _____

Parent e-mail address (optional) _____

Other Emergency Contact _____

Emergency # _____ Relationship to Camper _____

T-Shirts: Campers will receive one T-Shirt for each session attended. Please check box by size.

Child: Small _____ Medium _____ Large _____ XL _____ XXL _____
Adult: Small _____ Medium _____ Large _____ XL _____ XXL _____

Camp Session: _____

Session Date: _____

Church _____

HEALTH AND LIABILITY RELEASE FORM

Camper Name _____

Medical Insurance Company _____

Policy Number _____

Name of Policy Holder _____

Name of Family Physician _____ Phone _____

Please state any restrictions, physical impairments and necessary limitations of activities: _____

Date of last Tetanus booster: _____ Known allergies: _____

Bee stings? _____ If yes, what reaction? _____

Past pertinent medical history (i.e. diabetes, asthma, heart problems, seizures, etc.) _____

Medically Required Dietary Restrictions: _____

Any other useful information on your child: _____

Medication Policy: Medications brought to camp MUST be checked in with camp nurse at registration. All prescription medications MUST be in original container with the camper's name, name of medication, and directions clearly marked on the pharmacy label. All over-the-counter medications MUST be in the original container and accompanied by parent instructions.

Current Prescription Medications:
The following medications are administered when needed by the Camp Nurse according to the standing orders of the Camp Physician. Please CHECK ANY MEDICATION THE CAMPER SHOULD NOT RECEIVE.

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> BENADRYL | <input type="checkbox"/> IBUPROFEN | <input type="checkbox"/> THROAT LOZENGES |
| <input type="checkbox"/> CALAMINICALYDRYL | <input type="checkbox"/> MAMODIUM | <input type="checkbox"/> TOPICAL ANESTHETIC |
| <input type="checkbox"/> CHLORTRIMETON | <input type="checkbox"/> NYLANTA | <input type="checkbox"/> TYLENOL |
| <input type="checkbox"/> HYDROCORTISONE CREAM | <input type="checkbox"/> NEOSPORIN | |

AUTHORIZE THE NURSE ON DUTY at Tadmor to administer first aid as required for illness or injury under the camp physician's orders. In case of an emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician or dentist selected by Camp Tadmor to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

I voluntarily waive any claim against Camp Tadmor, its sponsoring institution, camp personnel, or other person(s) transporting my child, against all liability, claims, damages, attorney fees, expenses arising out of or in connection with any activities of the above organization.

I further authorize the camp to use photos or videos taken of my child at camp for Tadmor promotion and advertising including print media for camp brochures, articles, and camp website. At no time will camp photos be used by unrelated organizations.

Signature of Parent/Guardian _____ Date _____