SHCC DAY CAMP REGISTRATION

Child # 1 Information:

First Name: _____ Last Name: _____

Male Female Birthday (M/D/Y)_____ Grade Completed: _____

School: _____ Shirt Size: YS YM YL AS AM AL

Child # 2 Information:

First Name: _____ Last Name: _____

Male Female Birthday (M/D/Y)_____Grade Completed: _____

School: _____ Shirt Size: YS YM YL AS AM AL

Child # 3 Information:

First Name: _____ Last Name: _____

Male Female Birthday (M/D/Y)_____Grade Completed: _____

School: _____ Shirt Size: YS YM YL AS AM AL

** If registering > 3 children - use additional registration form

Parent Information:

Parent/ Guardian #1 Name:_____ Phone: _____

Parent/ Guardian #2 Name: _____ Phone: _____

Parent's Email: _____

Address:_____

Other person approved to pick up my child: _____

Other Emergency Contact:

Name: _____Relationship:_____

Phone #: _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your youth is participating in the Stone's Hill trip/event.

Do you have insurance? YES _____ NO _____
Name of insurance company:
_____

Policy #: _____

Group:_____
In whose name is the insurance?
_____

Family Doctor: _____City: _____
Phone #: _____
If your youth should require medical attention for injuries received contracted prior to our activity, please give us the necessary information to give him/her proper medical care during his/her time in the Stone's Hill Community Church youth
ministry activity in which he/she is planning to participate.

Health History –

Any pre-existing or present medical conditions:

_____

_____

_____

Name and dosage of any medications that must be taken:

_____

_____

Any allergies? _____

to Medications? _____

(Check all that apply)

Hay Fever _____ Heart Condition _____ Diabetes _____ Asthma _____

Epilepsy/Nervous Disorders _____

Insect Stings _____ Frequent Stomach Upset _____ Physical Handicap _____ Any major illness this past year _____

If any of the above apply, please give details, (i.e., include normal treatment of allergic reactions, etc.)

_____

_____

_____

Date of last Tetanus Shot: _____

Contact Lenses? _____

Any swimming restrictions? YES _____ NO _____

Explain:

_____

_____

Any other activity restrictions? YES _____ NO_____

Explain: _____

_____

PARENT PERMISSION AND MEDICAL LIABILITY RELEASE STATEMENT:

As parent/legal guardian of _____, I have reviewed the information about the youth ministry trip/event and give my permission for the subject of this release to be involved in the overall activities connected with said trip/event. I have reviewed the rules of the trip/event and agree that the subject of this release will abide by them. I also acknowledge that if the subject of this release has to return home early for discipline violations, it will be at my own expense. I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the trip/event to be used or shown as Stone's Hill Community Church determines.

I understand that in the event of medical intervention is needed, every attempt will be made to contact immediately the person listed on this form. In the event I cannot be reached, in an emergency, during the activity dates listed for this trip/event, I hereby give my permission to the physician or dentist selected by one of the trip/event leaders to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my youth as deemed necessary. I understand all reasonable safety precautions will be taken at all times by Stone's Hill Community Church leaders during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Stone's Hill Community Church, its leaders, its employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature:

_____

Date: _____

Please submit completed registration forms & payment to:
Stones Hill Community Church
151 W Stones Hill Rd.
Ligonier, IN 46767

Submit any questions to Carrie Bloss @ cncbloss@gmail.com