



Winter Camp 2009

December 20-21

Camper's Name _____ Male Female

Birth Date ___/___/___ Circle Grade In Dec.. 2009 4 5 6 7 8 Height ___ Weight ___

Parent or Guardian's Name _____

Relationship to Child _____ 1. Home Phone _____

Address _____ 2. Emergency Phone _____

City _____ State _____ Zip _____

E-mail _____

Emergency Contact's Name _____ 1. Home Phone _____

Address _____ 2. Emergency Ph _____

City _____ State _____ Zip _____

Church that Camper Attends _____ Distirct _____
H'burg, Staunton, Winchester

Important or helpful information (allergies, fears, restrictions, etc.)

Registration deadline: December 11, 2009. The cost of the program is **\$49.00** per person and is due at the time of registration. This fee is non-refundable after December 11th.

In signing this application, I certify that this child is in good health and may participate in ordinary camping activities except as noted above. I give permission to the officials of the camp to act in any emergency. In case of surgical emergency, I give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the participant. Should it become necessary for the participant to return home because of illness or other reason, I will abide by the camp leader's decision and provide transportation. I also give the camp permission to use pictures including the participant in camp publicity.

Guardian's Signature _____ Date _____
(See Reverse Side for Medical Information)

For office use.

Housing _____ Counselor _____

Rec'd w/ Reg. _____

Winter Camp



Camper's Name _____

Family Phone (____) _____ Emergency Phone(____) _____

Schedule of Medication Dosages

B = Breakfast 9:00 L = Lunch 12:15 S = Supper 5:30 N = Bedtime 9:30

After recording prescription and dosage place a large circle under each day at appropriate time.

Medication Name	Dosage	Sunday		Monday	
		S	N	B	L
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Concerns: (Food, Insect, Medicine allergies, Physical Limitations/concerns)

Signature of parent/guardian _____ Date _____