



## Camper Registration Form

Cost: \$110.00 by April 27                      \$118.00 after April 27  
(Deposit of \$50 saves a spot. Please make checks payable to Tall Timbers)

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_      Camper's Age \_\_\_\_\_      Camper's Gender \_\_\_\_\_

T-shirt Size (Please Circle):

                 Youth Medium      Youth Large      Adult Small      Adult Medium      Adult Large  
                 Adult XL              Adult XXL              Adult 3XL

Address \_\_\_\_\_

City \_\_\_\_\_                                      State \_\_\_\_\_      Zip \_\_\_\_\_

Phone Number \_\_\_\_\_      E-mail Address \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent / Guardian Contact Name \_\_\_\_\_

Parent / Guardian Phone # \_\_\_\_\_

### CHURCH/GROUP INFORMATION

Is the camper attending with their church or group home?     Yes     No

Church / Group Home Name \_\_\_\_\_

Church/Group Home City \_\_\_\_\_

### EMERGENCY CONTACT

Emergency Contact Name \_\_\_\_\_

Relationship to the Camper \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

### INSURANCE

Insurance Company \_\_\_\_\_

Name on Insurance Policy \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_      Policy Number: \_\_\_\_\_

Mailing Address for Medical Claims (see back of insurance card)

\_\_\_\_\_

Does your Insurance Company require notification prior to emergency health care at a hospital?

Yes  No

If yes, Phone Number \_\_\_\_\_

Will a parent, family member, or caregiver of the camper be attending camp?  Yes  No

If yes, name of parent/family member/caregiver \_\_\_\_\_

Who will be coming as your buddy to Champion's Camp? \_\_\_\_\_

Main Language or Way to Communicate: \_\_\_\_\_

### **CAMPER HEALTH HISTORY & DISABILITY INFORMATION**

Diseases/allergies \_\_\_\_\_

\_\_\_\_\_

Chronic or recurring illness (please explain) \_\_\_\_\_

\_\_\_\_\_

Recent Operation or Serious Injuries (include explanation and date) \_\_\_\_\_

\_\_\_\_\_

Special Diet (please explain) \_\_\_\_\_

\_\_\_\_\_

Can Camper Climb Stairs?  Yes  No

Can Camper sleep on a top bunk?  Yes  No

Permission is given for my camper to receive over the counter medication from camp leaders or staff.

Yes  No

### **Degree of Disability**

- High: Requires constant assistance
- Moderate: performs at slow speed / with assistance
- Mild: self-care with minimal or no assistance

Please describe the camper's disability/diagnosis:

Describe any Challenges with Movement, Eye-sight, Hearing, or Thinking:

Special Safety Needs / Crisis Plan:

Does the camper experience seizures and if so how often?  Yes  No

Does the camper use any special equipment?  Yes  No Please Describe Below:

Camper needs assistance on the following daily tasks. *Please check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Dressing         | <input type="checkbox"/> Washing Hair          |
| <input type="checkbox"/> Showering        | <input type="checkbox"/> Menstrual Hygiene     |
| <input type="checkbox"/> Deodorant        | <input type="checkbox"/> Brushing Hair         |
| <input type="checkbox"/> Shaving          | <input type="checkbox"/> Incontinence Supplies |
| <input type="checkbox"/> Brushing Teeth   | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Using the Toilet | <input type="checkbox"/> None                  |

I consent to my child participating in the following camp activities. *Please check all that apply.*

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Hiking        | <input type="checkbox"/> Climbing    |
| <input type="checkbox"/> Swimming      | <input type="checkbox"/> Running     |
| <input type="checkbox"/> Pedal Boating | <input type="checkbox"/> Water Games |

Should the camper be restricted from any certain activities? Yes No

If yes, describe: \_\_\_\_\_

Is this the campers first time to attend camp? Yes No

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\*\*\*Please use an extra sheet if more space is required for camper's information.

## HEALTH HISTORY AND TREATMENT AUTHORIZATION

The health history provided above is correct to the best of my knowledge and belief, and \_\_\_\_\_ (*the person herein described*) has permission to engage in all prescribed activities, except as noted. In the event of an emergency, I hereby authorize the physician selected by the Champion's Camp Director to consent to hospitalization, secure proper treatment for, and to consent to injection, anesthesia or surgery which is deemed advisable by and to be rendered under the general or special care of any physician or surgeon (after reasonable attempts to reach me are made). I authorize the release of medical information to the health plan indicated for information requested by the health plan to determine the payment of medical benefits.

Photography Release: I understand that promotional photographs or videos may be taken during the camp. Permission is granted for photography or video to be used by the LBC for promotional purposes only. A signature on this release is not required for camp attendance. We do this in order to respect the privacy of campers, buddies and their families.

By signing, you agree to the above authorization form.

\_\_\_\_\_  
*Signature of Responsible Party or Legal Parent/Guardian*

\_\_\_\_\_  
*Date*