



Camper Registration Form

Cost: \$108.00 by April 26 \$118.00 after April 26
(Deposit of \$50 saves a spot. Please make checks payable to LBC)

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