



CAMP REGISTRATION FORM

(1 Packet Per Camper)

Camper's name _____

Event _____

Return Registration to Jeff Toothman by 1 Nov

CAMPER INFORMATION

Name _____ Age _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name (or legal guardian) _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____ @ _____

EMERGENCY CONTACTS

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____ @ _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____ @ _____

Camper's Name: _____

SPECIAL NEEDS INFORMATION (Medical, Physical, Behavioral)		YES	NO	
Does your child have an individual aide at school? If so, will an aide be attending camp?				
Does your child take any medications for a professionally identified medical or behavioral special need?				
Allergies i.e. food allergies or bee stings.				
If yes, will an EpiPen be required?				
Have you been under a doctor's care in the last six months? (If yes explain on reverse of form)				
Seizures/Epilepsy?				
Diabetes? (If yes: Type I or Type II)				
Will prescription medication need to be administered during camp hours? If yes, please list all medications (including those administered at home).				
Medication	Dose	For	First Prescribed	Prescriber/Phone

Medical Insurance Carrier _____ Group# _____

ID # _____

Physician's name or source of medical care: _____

phone #: _____

The above accurately represents current medical information.

Signature of Parent or Guardian _____ Date _____

Camper's Name: _____

CAMP RELEASE FORM

	YES	NO
I (We), the undersigned, individually and/or as parents/guardians of the above named participant acknowledge that the above named person will be participating in this event and it's related activities at the participants own risk.		
I give permission for "Get Connected" to transport my child to program activities.		
I give permission for "Get Connected" to use any photos taken of my child during camp for promotional purposes of "Get Connected."		
I give permission for the "Get Connected" Staff to apply sunscreen (that I have provided).		
Is there a custody order?(If yes please provide a copy.)		
The "Get Connected Staff does not assume any responsibility for accidents and/or medical or dental expenses incurred as a result of participation in the camp.		
All monies are non-refundable.		
I (We) authorize the leaders of this event on my/our behalf and at my/our account, to take such measures and arrange for such medical treatment by licensed physicians and or hospitals, as the leaders may deem advisable for the health and well-being of the participant without the need for further consent or permission.		
I (We) on my/our own behalf, hereby release, discharge and indemnify "Get Connected," Harker Heights, Texas, it's directors, officers, employees, physicians, agents and all volunteer personnel from all liabilities for damage, injury, or illness to the above named participant or his/her property during his/her participation in or travel to or from this "Get Connected" event.		

Parent/Guardian signature Date

Parent/Guardian signature Date

Print Parent/Guardian's Name

Print Parent/Guardian's Name

**Father – Son Campout
% Jeffrey Toothman
203 W Valley Rd. Harker Heights, TX 76548**

Permission to Videotape and/ or Photograph

I, the undersigned, consent to my photos being taken while attending or accompanying Father-Son Campout % Jeffrey Toothman Harker Heights, Texas to and for any function which may be photographed.

I agree that, Father-Son Campout % Jeffrey Toothman Harker Heights, TX , shall have the right, but not the obligation to use my or my child/children photographs for recruiting, advertising, and internet purposes to include Father-Son Campout Facebook website and social media. I am aware that photographs may be used at anytime for any purpose or materials that the ministry deems necessary,

If participant is under the age of 18 years old, please list names of child/children below:

Date Signed _____
Participant/Guardians Name (Printed) _____
Participant/Guardians Signature _____

Please complete the following if wish to NOT have your photos used.

I, the participant and/or parent of, _____,
prefer that my or my child's photo **NOT** be used for the above listed purposes.

Date Signed _____
Participant/Guardians Name (Printed) _____
Participant/Guardians Signature _____

Camper's Name: _____

Checklist

_____Registration packet _____Payment

Notes from Welcome Center Staff:

Registration and release form terms and conditions were explained and all questions were answered.

Staff Signature _____Date: _____