

2019 Summer Camp Registration Form

Please fill out both sides completely, **PRINT** legibly, and use a pen.

Camp Week Name _____

Camper's Name _____ Boy Girl

Make checks payable to Camp Calvary. Balance is due upon arrival. Mail Form & Fee to:

Camp Calvary
475 Camp Calvary Lane
Mackville, KY 40040

Parent/Guardian #1 _____ Phone _____

Parent/Guardian #2 _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____

Birthdate _____ Age _____ Grade You Are Entering _____

Registering with what church? _____

Amount church is paying (if any)? _____

Home church (If Different) _____

CAMP OFFICE USE ONLY	
Total Registration Fee	\$ _____
Amount Paid	\$ _____
Date	\$ _____
Check Number	_____
Amount Church will pay	\$ _____

First time at Camp Calvary? Y / N Has camper been baptized by immersion? Y / N
Parents will be called for permission if camper desires to be baptized.

Who cannot pick up your camper? _____

T-shirt size: YS YM YL AS AM AL AXL Other _____

Don't forget to mark your Camp Session on the back of this form!!

Questions? Call (859)375-4376 or e-mail kycampcalvary.com

2019 HEALTH INFORMATION FORM

*The following information must be filled in COMPLETELY and signed by a parent/guardian.
Please complete BOTH SIDES of the health form.*

Health Record

Camp Week Name _____

Camper's Name _____ Date of Birth _____

Emergency Phone #1 _____ Name _____ Relationship to Camper _____

Emergency Phone #2 _____ Name _____ Relationship to Camper _____

Authorization for Participation in Camp and for Medical Treatment

I, having the authority to consent for the minor's health care, do hereby delegate my authority to consent to said minor's care (named on this card) to Camp Calvary. I grant permission for the caregiver to request and authorize any and all examinations, medical treatments, and/or procedures to or for the benefit of the minor as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand however that every effort will be made to contact me in case of such emergency and if possible, before any such medical treatment is administered. I hereby release Camp Calvary from any responsibility other than normal supervision and care. In case of accident, I will not hold Camp Calvary or its staff members, management, or officers liable unless guilty of negligence. I hereby give permission for any photos or video to be taken during camp to be used for promotional purposes.

PRINT PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

Health Insurance Information

Insurance Company Name _____ Group Number _____

Policy Holder's Number _____ Policy Holder's Name _____

Family Physician _____ Physician's Phone (_____) _____ - _____

(Continued on back)

	SESSION NAME	DATE	GRADE ENTERING	REGISTRATION FEE
Traditional Camps	<input type="checkbox"/> First Chance I	June 2-5	2-3	\$140
	<input type="checkbox"/> Primary Sleepover I	June 6-7	K-1	\$46
	<input type="checkbox"/> Junior I	June 9-14	4-5	\$230
	<input type="checkbox"/> Intermediate I	June 16-21	6-8	\$230
	<input type="checkbox"/> Senior I	June 23-28	9-12	\$230
	<input type="checkbox"/> First Chance II	June 30-July 3	2-3	\$140
	<input type="checkbox"/> Primary Sleepover II	July 4-5	K-1	\$46
	<input type="checkbox"/> Junior II	July 7-12	4-5	\$230
	<input type="checkbox"/> Intermediate II	July 14-19	6-8	\$230
	<input type="checkbox"/> Senior II	July 21-26	9-12	\$230
Specialty Camps	<input type="checkbox"/> All In - Mission Trip (offsite)	June 2-7	9-12	\$325
	<input type="checkbox"/> Girls Wilderness (girls only)	June 9-14	6-8	\$230
	<input type="checkbox"/> Angling & Aquatics (offsite)	June 9-14	9-12	\$250
	<input type="checkbox"/> Primitive Life Skills (boys only)	June 16-21	9-12	\$230
	<input type="checkbox"/> Field & Stream (boys only)	June 23-28	7-12	\$240
	<input type="checkbox"/> Deeper Life (offsite)	July 27-31	College	\$250
Wilderness Camps	<input type="checkbox"/> Wilderness I	June 30-July 5	5-6	\$230
	<input type="checkbox"/> Wilderness II	July 7-12	7-8	\$230
	<input type="checkbox"/> Wilderness III	July 14-19	9-12	\$230

INFORMATION

- ◆ We prefer that you register online. If you cannot, please fill out the paper form.
- ◆ Check the camp you are attending
- ◆ Camp weeks are determined by the GRADE you are Entering.
- ◆ If you are registering by paper form, please turn it in at least 1 week before the start date.
- ◆ There is a possibility of your child going off of camp property for specific activities.
- ◆ If camper does not register two weeks before camp, he/she may not get their choice of t-shirt size.

Method of Payment: Cash Check Credit Card Amount Paying \$ _____

Card Type: _____ Card Number _____ - _____ - _____

Exp date ____/____/____ 3 Digit Code _____ Signature _____

Health Information Continued

Camper's Name _____

Allergies: Please list any food or medication allergies, and describe the **reaction and management of the reaction.**

Allergy _____

Reaction/Management _____

Allergy _____

Reaction/Management _____

Allergy _____

Reaction/Management _____

Medications: Medically necessary only. Please do not send vitamins or supplements. Please list ALL medications taken routinely. **You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage and frequency.**

Medication and Dosage _____

Medication and Dosage _____

Medication and Dosage _____

Medication and Dosage _____

List medical conditions or restrictions to be aware of & please describe.

Date of latest Tetanus Booster _____

Please indicate below your permission to administer these over the counter medications, or if you wish to be notified first.

Tylenol/Motrin Yes____ No____ Call First ____

Excedrin Yes____ No____ Call First ____

Tums Yes____ No____ Call First ____

Pepto Yes____ No____ Call First ____

Benadryl Yes____ No____ Call First ____

Neosporin Yes____ No____ Call First ____

Hydrocortisone Cream Yes____ No____ Call First ____