

T-SHIRT SIZE: (Please circle)
ADULT S M L XL XXL

CHURCH/ORG. _____
YEAR _____

TIMBER-LEE URBAN CAMP ---REGISTRATION FORM
CAMPER

PLEASE PRINT!!!

CAMPER NAME _____ AGE _____ GRADE IN FALL _____
_____ MALE
_____ FEMALE

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

BIRTHDATE _____ CHURCH _____

MOTHER'S NAME _____ AREA CODE & HOME PHONE _____ CELL/WORK PHONE _____

ADDRESS _____ CITY, STATE ZIPCODE _____

FATHER'S NAME _____ AREA CODE & HOME PHONE _____ CELL/WORK PHONE _____

ADDRESS _____ CITY, STATE ZIPCODE _____

IN CASE OF EMERGENCY, PLEASE CONTACT-
EMERGENCY CONTACT PERSON & RELATIONSHIP _____ EMERGENCY PHONE NUMBER _____

ADDRESS _____ CITY, STATE, ZIPCODE _____

Health History (Circle all that apply)	Diseases(give dates)	Allergies (Circle all that apply)
Frequent Ear Infections	_____Chicken Pox	Hay Fever
Heart Defect/Disease	_____Measles	Ivy Poisoning, etc.
Diabetes	_____German Measles	Insect Stings
Bleeding/Clotting Disorder	_____Mumps	Penicillin
Hypertension		Other Drugs
Mononucleosis	Immunizations	Asthma
Convulsions	_____Tetanus (last date)	Other (specify) _____
Epilepsy	_____Other (Specify)	_____
Behavior	_____	
Bedwetting		

CURRENT MEDICATIONS (Must be in original container along with instructions)

MEDICALLY PRESCRIBED MEAL PLAN OR DIETARY RESTRICTIONS

OPERATIONS OR SERIOUS INJURIES (DATES)

CHRONIC OR RECURRING ILLNESS OR MEDICAL CONDITION

OTHER ILLNESSES

ACTIVITIES TO BE DISCOURAGED OR LIMITED AT CAMP

ADDITIONAL HEALTH INFORMATION FOR CAMP PERSONNEL

PLEASE COMPLETE BACK SIDE OF APPLICATION!!!

NAME OF FAMILY PHYSICIAN

PHONE #

NAME OF DENTIST/ORTHODONTIST

PHONE#

DATE OF LAST HEALTH EXAM BY A DOCTOR OR NURSE

DO YOU HAVE HEALTH INSURANCE? YES NO

INSURANCE COMPANY

POLICY NUMBER

INSURANCE COMPANY ADDRESS

CONSENT AND RELEASE INFORMATION

This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted.

AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the Urban Camp Director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Urban Camp Director to secure and administer treatment, including hospitalization, for the person named above. I hereby give permission to transport the camper in camp-designated vehicles for off-site trips. The completed forms may be photocopied for trips out of camp.

I release Timber-lee including its trustees, employees, and agents from my physical injury, including death, or illness while at camp. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns.

If I am under 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify, and hold Timber-lee harmless from any claim asserted by me against Timber-lee, including its trustees, employees, and agents, if I should repudiate this release after obtaining adulthood.

I hereby grant permission to Timber-lee to photograph the camper during camp activities and to use the photographs in Timber-lee audio-visual and printed materials without compensation or approval rights.

X

SIGNATURE OF PARENT OR GUARDIAN

DATE

RELATIONSHIP

I also understand and agree to abide with the restriction placed on my camp activities as listed above.

SIGNATURE OF CAMPER

DATE