

CAMPER OR COUNSELOR REGISTRATION, HEALTH & ACTIVITIES FORM

Please print and please use one form for each camper (you may copy this form). Front & Back



Camper Name: _____
 Counselor Name: _____
First Last
 Date Arriving _____ Date Departing _____
 Male ___ Female ___ Age ___ Grade Going Into: _____
 Birthday ___ / ___ / ___ E-mail: _____

Sponsor Name: _____
 Sponsor Address: _____ City: _____ State: _____ Zip: _____
 Sponsoring Staff Member Responsible For Campers: _____ Title: _____
 Alternate Staff Member Responsible For Campers: _____ Title: _____
 Emergency Contact: _____ Telephone: _____ Cell: _____

Family Information	Parent or Guardian 1	Parent or Guardian 2
Name:	_____	_____
Home Address:	_____ City _____	_____ State _____ Zip _____
Home Phone	_____	_____
Cell Phone	_____	_____
E-mail	_____	_____
Employer/Job Title	_____	_____
Work Phone	_____	_____

PHYSICIAN'S EXAM & IMMUNIZATION HISTORY ARE REQUIRED EVERY YEAR. Exam may have been conducted any time during school year preceding camp date.

Health History
(Check, if applies. Give approximate dates.)

Frequent Ear Infections
 Heart Defect/Disease
 Convulsions/Epilepsy
 Diabetes
 Bleeding/Clotting Disorders
 Hypertension
 ADD/ADHD
 Mononucleosis
 Bed wetting
 Sleepwalking

VACCINES	Year of Basic Immunization	Year of Last Booster
Diphtheria, Pertussis (Whooping Cough), Tetanus DPT or	1 2 3	1 2
Tetanus, Diphtheria TD or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard, red, Rubeola)		
Mumps		
Rubella (German Measles, 3-day measles)		
Tuberculin test given (most recent)		
Haemophilus Influenza b (HIB)		
Hepatitis A		
Hepatitis B		
Other		

DISEASES

Chicken Pox
 Measles
 German Measles
 Mumps

ALLERGIES (Dates not needed)

Hay Fever
 Ivy Poisoning, etc. (see below)
 Insect Stings (see below)
 Asthma
 Penicillin
 Other Drugs

List _____

Is allergy sever enough to keep your child from participating from activities in the woods? Yes No

Please notify MCC in writing if any of the Information on this form changes before camp.

Name of Family Physician _____ Phone _____
 Name of dentist/orthodontist _____ Phone _____
 Operations or serious injuries (dates): _____
 Describe any psychological conditions: _____
 Disability or chronic recurring illness _____
 Activities limited by a physician: _____
 List any dietary restrictions (MCC will not provide special meals, but we will inform or staff of a camper's restrictions and help them choose allowed foods from our regular menu.) _____
 Applicant is under the care of a physician for the following reasons: _____
 List any medication to be administered at camp and diagnosis or reason for taking (specify times and doses) _____
NO MEDICATION WILL BE GIVEN WITHOUT SPECIFIC ADMINISTRATION INSTRUCTIONS
FOR FEMALES: Has this person menstruated? _____ If not, has she been told about it? _____
 If so, is her menstrual history normal? _____ Specific Instructions? _____

INSURANCE INFORMATION: Primary Policy Holder's Name: _____

Policy Holder ID: _____ Policy Holder Date of Birth: _____
 Camper ID: _____ Camper Date of Birth: _____
PLEASE ATTACH A COPY OF THE FRONT & BACK OF YOUR INSURANCE CARD
Please note here if you do not have insurance and have made other arrangements through your sponsor. _____

The following is a list of activities that may be offered during your visit.

- Basketball • Canoe (Personal Flotation Device Required) • Challenge Course • Hiking • Sand Volleyball
Horse Shoes • Kayak (Personal Flotation Device Required) • Paddle Boat (Personal Flotation Device Required)
Paint Ball • Softball • Swimming (Peale Creek) • SpeedStack • Volleyball • Water Slide • Zip Line
Sponsor Activities (May require campers to leave camp property)

*Campers (Who have NOT had their 13th birthday) and anyone who cannot pass a basic swimming test MUST wear a U.S. Coast guard approved flotation device. **Each person must provide his or her own flotation device.***

CAMP SAFETY

Minnetonka Christian Camp is located in the beautiful Kiamichi Mountains. There are mountains, rocks and large trees in and surrounding the camp. A creek, Peale Creek, runs through the camp ground. As such wild life abounds at Minnetonka Christian Camp and not all of it is “people friendly”. Every effort is made to keep MCC as safe as possible because we care deeply for your campers, however, any camp activity may result in physical harm. Minnetonka Christian Camp does not provide security of any kind. Security is the responsibility of the sponsoring organizations.

PARENT/GUARDIAN CONSENT

PLEASE READ AND SIGN: I hereby attest that I have read and reviewed this form and have completed it accurately and will report any information that may change. I therefore agree that my child/ward may participate in all camp activities including travel off the property. Also, I give permission for MCC, and/or sponsoring entity to use images and recordings of my child/ward without compensation. I realize that in the event of an illness or injury while at camp or while participating in it’s activities, medical, dental or hospital treatment may be required. I give permission for the medical personnel selected by the sponsoring entity to order any medical procedures, including x-rays, routine test, treatment, hospitalization and transportation. Furthermore, I agree to bear the cost of all such treatment. I also agree to hold harmless, Minnetonka Christian Camp, its staff and board of directors from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of my self or my child/ward in said activities.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Camp activity pictures are updated daily on FaceBook: Minnetonka Christian Camp

STATEMENT OF COOPERATION AND SUPERVISORY AUTHORITY

(must be signed by parent/guardian and camper)

We have read or have had read to us the guidelines and policies of MCC. We agree that the above named camper or counselor will follow these guidelines and policies while at Minnetonka Christian Camp. We understand that Minnetonka Christian Camp is not responsible for supervising campers, it is the responsibility of the sponsoring organization and that they are solely responsible for their behavior and well being.

Parent/Guardian Signature

Date

Camper Signature

Date

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