



2018 Camper Registration Form

Participant Name (please print): _____ Camper/Sponsor (circle one)

Age: _____ Gender: _____ Birthday: _____ Last Grade Completed: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Camp Date: _____

What church/organization are you attending with? _____

Please provide the following information in case of emergency:

Parent/Guardian: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Name and Phone Number: _____

List of allergies, if any: _____

Specify allergic reaction: _____

Is camper taking any medication that must be given at camp? If yes, please fill out below:

Please administer to: _____ the following medications: _____ (specify dosage and time).

***Notice!** All prescription and non-prescription medications must be in original pharmaceutical packaging with correct name, dosage and date on the label. Please place all medications together in a plastic zip-loc type bag and pack them at the top of your child's luggage to make them accessible as soon as they arrive at camp.

Camper has had (please check all that apply):

- Appendix Removed
- Chicken Pox
- Fainting Spells
- Asthma
- Heart Trouble
- Convulsions
- Diabetes
- Tetanus Shot? Date: _____
- Oral Polio Vaccine? Date: _____
- Measles/Mumps/Rubella Vaccine? Date: _____

Family Physician: _____ Phone: _____

Health/Medical Insurance Carrier: _____ Policy #: _____

Please give any other health information that the medical staff at Camp Zephyr should be aware (surgical history, psychosocial disorders, special diet requirements, special medical needs, etc):

Photo Release: I am aware of the fact that photos of myself or your minor may be taken during the week by camp staff, which may appear in future camp publicity or camp website. By signing this, I give the camp permission to use these photos, aware of the fact that myself or your minor WILL NOT be identified in any such photos.

Release Of Liability Declaration: I am aware that during my participation at Zephyr, upon my request, certain risks and dangers may occur. These include, but may not be limited to the Zephyr Challenge Course, paintball and other recreation activities. I have and do hereby assume all risks and will hold staff, officers, and trustees harmless from any liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my participation in any activities arranged for me by Zephyr and its staff. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators, and for all members of family. I hereby give my authority and consent to medical treatment and surgical treatment as may be needed in the judgment of the treating physician, for my child by a physician chosen by the Zephyr Administrator or an employee working under him. I understand twenty-four hour first aid is available. I further understand that limited secondary accident and illness coverage is provided. In case of an accident or illness, Zephyr will attempt to provide first aid and arrange transportation to medical services, if needed. Zephyr does have limited secondary medical insurance. **Initial for Release Of Liability Declaration Approval:** _____

Participant Signature (all participants, even minors, must sign) _____ Date _____

Parent/Guardian Signature - if participant is younger than 18 _____ Date _____

To be completed by sponsors only:

- Have you ever been convicted of a felony or a misdemeanor? _____
- If your address above is less than 2 years old, please provide previous address: _____