

Kids Camp/Youth Camp Registration form

Name _____
Address _____
City _____ State _____ Zip code _____
Church _____

Roommate Preference _____ (only 1 please)

Age _____ Grade entering in fall _____ Shirt Size Child S M L Adult S M L XL XXL
(Please circle shirt size)

I will be attending Kids Camp (June 27-July1) Youth Camp (June 20-June 24) (please circle)
(3rd - 5th) (6th - 8th)

Health Info

Phone Number(____)____ - ____ Sex _____ Height _____ Weight _____ lbs
Social Security Number _____ Date of birth _____

Emergency Contact Person

Parent/Guardian Name _____
Phone number (Home) (____)____ - ____ (Work) (____)____ - ____ (Cell)(____)____ - ____

Alternate Contact Person

Name _____
Phone number (Home)(____)____ - ____ (Work) (____)____ - ____ (Cell) (____)____ - ____

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is at camp.

Do you have health insurance? ____ YES ____ NO

Name of Insurance Company _____ Policy number _____
Group Number _____ In whose name is the insurance _____
Family Doctor _____ Phone number(____)____ - ____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give them proper medical care during their time with us at camp.

Health History

Pre-existing or present medical conditions

Name and Dosage of any medications that must be taken

Any allergies? _____ To medications? _____ Food? _____

Please give any details to allergies _____

Date of last Tetanus Shot _____ Contact lenses? _____

Any swimming restrictions? ____ Yes ____ No What? _____

Any Activity restrictions? ____ Yes ____ No What? _____

Do we have permission to treat your child with over the counter medications?

Please Circle if permitted Tylenol Ibuprophen Tums Pepto Bismol Other _____

Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used, as primary coverage in the event medical intervention is needed. Coverage by the Pittsburgh conference children's ministries accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by the Pittsburgh conference children's ministries and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Pittsburgh conference children's ministries, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature

Date _____

Make check payable to Pittsburgh Conference Kids Camp

Mail to

**Randy Phillips
1347 First Ave
Conway, PA 15027**