

Camp 2014 Jr. Camper Registration Form

Camper Information - please print

Full Name: _____ Email: _____

Name as it should appear on your nametag at Camp (no last name necessary): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): (home, cell) _____

Social Media?: _____

Age as of July 1: _____ Date of Birth: _____

Past Camper? Yes No If yes, when? _____

Parents' Information - please print

Parent's Name(s): _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell: (_____) _____

Name of **secondary** person (not from same household) to contact in case of emergency:

_____ Relation: _____

Phone: (_____) _____ Cell: (_____) _____

Pastor's Recommendation - please print

Name & Location of Church: _____

Is Camper a member of the Sunday School? Yes No

I know and recommend the herein named Junior as a Camper to the Hungarian Reformed Youth Camp.

Pastor's Signature: _____ Date: _____

Is the Camper a member of either or both of our supporting fraternal organizations? Y N

If yes, which? GBU William Penn

We have read the Rules & Regulations of the Camp and agree to abide by them. We understand the "Right to Search Policy" and consent to a search of personal belongings **if** circumstances so warrant.

PARENTS: By *signing*, I understand that, if needed, I may be called upon to pick up my child for health or disciplinary reasons.

Camper's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Camp 2016 Junior Camper Health Form

This form **MUST** be **completely** filled out, **signed** by a parent/guardian and returned with Registration Form.

1. Has Camper been treated for any health problems in the past two years? Yes No
If yes, please explain. _____

2. Does Camper currently have any known health problems? Yes No
If yes, please explain. _____

3. Is Camper currently on any medications? Yes No If so, what? _____

4. Are there any known allergies? Yes No If so, what? Food () Insect bites () Poison Ivy ()
Penicillin () Medications () Hay Fever () Other () Please be specific. _____
_____ If allergic to insect bites, please bring appropriate sting kit.

5. Does Camper have any restrictions to diet or activities? (ie. Diabetic, vegetarian, asthma, etc.) Yes No
Please explain. _____

6. When did Camper last have a tetanus shot? _____

If medication is brought to Camp, the Camper must inform the Camp Nurse and/or Camp Directors and his/her Counselor.

Health Insurance Carrier: _____ Group #: _____

Name of Parent covered by above carrier (please print) _____
If possible, please attach a copy of your insurance card.

In the event of any emergency, I hereby give permission to the physician and/or hospital selected to examine and treat my child. I also accept responsibility of costs incurred in the event of such emergency.

Signature of Parent/Guardian: _____ Date: _____

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Language

Magyar a legerőssebb nyelvem: _____ English is my strongest language: _____

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WORKSHOPS

You will go to all of these workshops... one on each day... Monday through Thursday

Hungarian Cooking Cave Man

Outdoor Survival Ancient Hungarian Olympics