

# CAMP 2016 YOUTH REGISTRATION FORM

## Camper Information - please print

Some of this info will be used to make our mailing list that will be emailed to all attendees.

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 Youth Group? Yes No

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

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you don't belong to a church, you are still welcome to come to Camp as a Camper.

Is the Camper a member of either or both of our supporting fraternal organizations? No problem if not. Y N

If yes, which? GBU-HRFA District 3000 William Penn Association

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 YOUTH 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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Indicate your choice of evening workshop. See page 3 for descriptions & details.

### WORKSHOPS (you must attend one)

Hungarian Cooking \_\_\_\_\_ What's Right & What's Left Over \_\_\_\_\_

Dance With Kiwi \_\_\_\_\_ NITRO \_\_\_\_\_

Your Name: \_\_\_\_\_

Please Print. All workshops will be available according to interest shown. Subject to change.