



2011 Camper Registration Form

Kentucky Conference Camp & Retreat Ministry

"A Ministry of the Kentucky Conference of the United Methodist Church"

This registration is for a camp at (circle one) Aldersgate Loucon O'Cumberlands Ruggles
Upon completion, please mail all 4 pages to the specific camp.

Camper Name _____

Family Information					
Parent/Legal Guardian 1		Parent/Legal Guardian 2		Camper Address	
Title (Mr./Mrs./...)		Title (Mr./Mrs.)		Street	
Last Name		Last Name		City	
First Name		First Name		State	
Home Phone ()		Home Phone ()		Zip	
Work Phone ()		Work Phone ()		Parental Status (circle one): Married Divorced Single	
Cell / Pager ()		Cell / Pager ()			
E-mail		E-mail			
Emergency Contact Information (other than parents)					
Contact 1 Full Name		Contact 2 Full Name			
Contact 1 Relationship		Contact 2 Relationship			
Contact 1 Home # ()		Contact 2 Home # ()			
Contact 1 Work # ()		Contact 2 Work # ()			
Contact 1 Cell # ()		Contact 2 Cell # ()			
Church Information					
Church Name		Minister's Name			
Church Address		District (if United Methodist)			
Church City, State, Zip					
Please Note: If church is paying for all or part of the camper's fee, please have a church official fill out the information below (in addition to what you have already included). If this section is not completed, the parent/guardian will be responsible for the remaining balance upon the camper's arrival.					
Church Payment Option					
To Be Filled Out By Church			Rush—Limited Space Available!		
Amount Church is paying		Signature of Minister or Church Officer			

Please Note: For the church payment option to work, all of the church information listed above must be filled out in addition to the total amount the church will pay and the signature of a church official.

Camper Information					
Last Name				First Name	
Likes to be called					
Date of Birth					
Gender (circle one)	Male	Female			
Grade entering in the fall				School	
Age first day of camp				Health Insurance Carrier	
Camper's E-mail				Policy Number	
Shirt size (circle one)	Child: M L	Adult: S M L XL XXL XXXL		Primary insured name	
Camp Session Registration Section					
First Choice Camp Session			Second Choice Camp Session		
Camp Name			Camp Name		
Dates of Camp			Dates of Camp		
# of years attended	1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010				
Cabin Mate Request 1 st choice			Cabin Mate Request 2 nd choice		

Cabin mate preference will be considered but not guaranteed.

(For LOUCON Campers) MONEY CARDS: Anyone wanting to pay in advance for money cards at Loucon may include this payment with their camper fees. Campers use money cards to purchase snacks and merchandise during their canteen time at camp. We suggest \$2 cards for 1 night campers, \$5 cards for 3 night campers, and \$10 cards for 5 or 6 day campers. You may send more money; however, \$20 is the maximum that any camper should have. Campers or parents may purchase merchandise for the campers at the end of camp. Money left over after the week will go into the camper scholarship fund.

Amount for LOUCON Money Card	\$ _____	Loucon Camp Picture CD \$7.00	\$ _____
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Aldersgate Canteen Cards are available during registration.

Reservations will not be confirmed until registration form, with payment, has been received by the specific camp office. Confirmation letters will be e-mailed / mailed to confirm your reservation.

In signing this application, I hereby certify that the above information is correct and give permission and consent for my child to participate in any and all camp activities. I certify that my child is in good physical condition for all camp activities. I give permission for the use of photographs and video including my child in camp publicity and on the website, for the distribution of my child's mailing address out to campmates and for the release of medical records for insurance purposes in case of illness or accident. I also acknowledge that I am aware that my camper may be transported for special activities in the camp van. I understand that the nature of outdoor camping ministries includes some risk of injury or death. I realize that children at camp can become ill and need medical attention. I hereby give permission to the Camp Health Care Provider to give over-the-counter medication (such as Tylenol, etc.) to my child as proper treatment as deemed necessary for minor ailments. I realize that children at camp can injure themselves without fault on the part of camp personnel. I hereby release Aldersgate, Loucon, O'Cumberlands, Ruggles, & the Kentucky Conference of the UMC from responsibility for injury to my child. I agree to submit my insurance claims to my insurance carrier first only use camp's insurance plan as a secondary insurance. In case of medical emergency, I hereby give permission to the physician, nurse, hospital, etc. selected by the Camp Director (or his representative) to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named below. This completed form may be copied for transportation record.

_____ X _____
 Camper's Name Signature of parent or Guardian Date

I understand the above permission form, agree to it, and I will cooperate with the program and policies of Aldersgate, Loucon, O'Cumberlands, Ruggles, & the Kentucky Conference of the UMC.

X _____
 Camper's Signature (age 7 and older) Date

Camper Name _____

2011 Camper Health History / Medical Release Form

Please complete and turn into camp either prior to camp or on the start day of camp. This information is important to enable camp to provide the best possible care and experience while your camper is in our care. It will not be utilized to treat your child differently; we provide the same loving experience for all. Please complete the following additional information:

Camper's Doctor's Name: _____ Doctor's phone _____

Camp Session(s) Registered for: _____ @ (circle one) Aldersgate Loucon O'Cumberlands Ruggles

1. Is camper on any medications? No ___ Yes ___. If yes, please list medicines and purpose of each: _____

2. Give a description of any current conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

3. Does the camper have any behavioral concerns we should know about? _____

4. Give a record of past medical treatment: _____

5. List a record of the camper's immunizations, including date of last tetanus shot: _____

6. Please circle allergies camper has: None Bee Sting Penicillin Sulfa Drug Other (Please List): _____

7. Provide a record of any dietary restrictions or needs the camper may possess: _____

8. Are there any camp activities that the camper should not participate in due to physical/psychological reasons? _____

Note: All medications brought to camp are handled by the Camp Health Care Provider.

Is the camper generally in good health and able to participate in all normal camp activities? Yes ___ No ___

Most Recent Physical Examination ___/___/___

I hereby certify that the above information is correct and give permission for the release of medical records for insurance purposes in case of illness or accident.

Parent/Guardian Signature _____ Printed Name _____

If there are changes or additions to the information listed above before your arrival, please inform our health care provider upon your arrival or call ahead.