



SUMMER CAMP REGISTRATION - 2017

Please Print. Complete both sides & return with minimum \$50 deposit to:
Camp Ithiel, P.O. Box 25, Gotha, FL 34734

Office Phone: (407) 293-3481

E-mail: **summer@campithiel.org** Website: **www.campithiel.org**

Name _____ **Grade Fall '17** _____ **Gender** M / F
Last name First name M.I.

Camper Birthdate ____ / ____ / ____ Year
Month Day

Summer Camps (*carefully circle camp(s) you want to attend*):

Kids (June 23-June 25, ages 6-8)
Junior (July 9-July 14, ages 9-11)

Sr. High (June 25-June 30, ages 15-18)
Mountain Adventure (July 23-July 28, ages 12-18)

Jr. High (July 2-July 7, ages 12-14)

Mailing Address _____
Number, Street or P.O. Box City State Zip

Parents' / Guardians' Names: _____ **Family E-mail** _____

Home Phone (____) _____ **Work Phone** (____) _____ **Parent Cell** (____) _____

Name of who to call if unable to contact parent/guardian: _____

Their home phone (____) _____ **Their work phone** (____) _____ **Their cell phone** (____) _____

Will this be camper's 1st overnight away from home? Yes ___ No ___ (*If yes, consider preparing camper with a few practice nights away*)

Check those that apply: ___ 1st time Camp Ithiel camper ___ Returning Camp Ithiel camper ___ Have attended another camp

Check one: ___ Swimmer ___ Non-swimmer

Will this camper have a sibling attending the same camp with them? Yes ___ No ___ (*If yes, sibling's name* _____)

Home church is: _____

Hobbies & Interests: _____

Fears & Concerns: _____

Will camper take advantage of available discount?

See website/brochure for full details

Bring-A-Buddy Discount: \$30 off registration if you invite new friend. ___ Yes, ___ No

Explain any special needs camper has that the Program Director should know in advance:

How did camper learn about Camp Ithiel: ___ Friend, ___ Church, ___ WO Times, ___ Social Media (Facebook, Twitter), ___ Other

Financial Assistance: First, ask your local church for financial assistance. Second, seek assistance from the Camper Financial Assistance Application: *To be filled out by pastor, social worker, or school guidance counselor.*

For this camper, we request financial assistance from Camp Ithiel and the Atlantic Southeast District in the amount of: \$ _____.

Print name of pastor, social worker, or school guidance counselor: _____

Approving signature of pastor, social worker or guidance counselor: _____

Date: ___/___/___, Name of church/agency/school: _____ Phone: (____) _____

*** You must attach a photocopy or scan of the front and back of your insurance card and return it with this form.**

Rules for acceptance and participation in Camp Ithiel programs are the same for everyone regardless of race, color, national origin, sex or disability.

Payment Information (*Complete box below*)

Please work out balance below.

Camp: _____

Camp Fee

Total Fees Due = _____

Minus my Deposit -
 (minimum \$50)

My Balance = _____
 (Due at check-in)

Payment Method:
 Personal Check or Money Order: \$ _____
 Check/MO Number: _____

**Complete both sides of this form.
 Return with minimum \$50.00 deposit
 and a copy of your family medical
 insurance card to: CAMP ITHIEL
 P.O. Box 25
 Gotha, FL 34734
 This form may be photocopied.**

Do not write in this box; office use only.

Date Rec'd: _____
 Camp: _____
 Week fee: _____
 Total Fees: _____
 Deposit: _____ CK # _____
 Church Ck _____ Ck # _____
 Campership _____
 Campership approved by _____

Balance Due: _____
Paid: _____ ck # _____
 Date Paid: _____

CAMPER MEDICAL FORM

The following information must be filled in by the parent/guardian. The intent of this form is to provide the camp director and staff the information needed to provide appropriate emergency care. Keep a copy of this completed form for your records. Attach additional pages or descriptions as needed. Provide changes to this form to the camp at check-in. Please PRINT.

Camper Name _____ **Birth Date** ____/____/____ **Gender:** M / F
Last Name First Name M.I.

Name of Parent/Guardian: _____
Home Phone (____) _____ **Work Phone** (____) _____ **Cell Phone** (____) _____

INSURANCE INFORMATION: (Camp Ithiel provides only limited secondary medical insurance for participants.)

Is camper covered by family medical / hospital insurance? Yes No.

Is camper covered by Medicaid/Medicare? Yes No.

Required: attach a photocopy or scan of the front & back of your medical insurance card & return it w/this form.

If yes, indicate Carrier: _____ **Policy #:** _____

Camper's Primary Care Physician: _____ **Phone:** (____) _____

Hospital Affiliation: _____

Allergies: (List all known: use extra paper if needed.) **Describe reaction and management of the reaction.**

Medication allergies: _____

Food allergies: _____

Other allergies: _____

MEDICATION(S) BEING TAKEN: Please list ALL medications (including non-prescription drugs) taken routinely that you will be transferring to our medical director. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle naming prescribing physician (if a prescription drug), name of medication, dosage, and frequency of administration.

This camper takes NO medications on a routine basis.

This camper takes medications as follows (Attach additional pages for more medications)

MEDICATION	DOSAGE	TIMES TAKEN	REASON FOR TAKING

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS: In case of headaches, low grade fever, slight upset stomach, mild diarrhea, mild allergic reactions or cold symptoms, Camp Ithiel's Director and staff have my permission to administer the following to my child: (Check the line to the left of each medication allowed for your camper.)

Tylenol (or comparable generic)

Tums Antacid (or generic)

Sudafed (or generic)

Ibuprofen (or generic)

Imodium AD (or generic)

Cold/Cough Medicine

Pepto Bismol (or generic)

Benadryl (or generic)

Aspirin (or generic)

Lice Treatment

Others: _____

The following box MUST be completed for attendance.

Parent/Guardian Authorization:

I hereby request that my child be accepted to attend Camp Ithiel. I have read and understand the information in this brochure, including policies, registration procedures, the program descriptions and the activities listed for my child's time at camp. I understand that my child will be participating in many physical activities and the potential for accidents exists. In consideration of acceptance to Camp Ithiel,

I indemnify and hold harmless Ithiel Camp & Retreat Center-Church of the Brethren, Inc. and its staff from any and all liability, claims, damage, injury or illness sustained by my child, and

I verify that this Registration Form and Health History Form is correct and complete as far as I know. I hereby give permission to the camp to seek emergency treatment including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied for trips off camp property, if applicable and

I understand that Camp Ithiel provides only limited secondary medical insurance coverage for participants. I have attached proof of primary personal/family medical insurance coverage for my child as required for camp attendance, and

I have read and understand the camp's Behavior Policy and

I permit camp photos and video of activities that may include my child to be used in camp promotion without liability or remuneration.

SIGNED (parent/guardian) _____

DATE: _____

Camper Contract: I will do my best to be nice to others, to participate in all camp activities, to keep my hands to myself and my stuff, to respect the leaders and campers and follow the rules. SIGNED _____ DATE: _____