

Mail completed form with 50% of the camp fee to: Stronghold, P.O. Box 199, Oregon, IL 61061

Registration gives Stronghold permission to provide transportation and to use registrant's image in publicity materials (photos, videos, quotes, stronghold website) unless you indicate otherwise.

Final Payment is due 2 weeks before your camp begins

2016 REGISTRATION FORM

Only **ONE camper per registration form**, photocopy this form or download more forms at www.strongholdcenter.org

please PRINT clearly

First Name _____ Last Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email Address _____ This is my _____ (#) year at camp

Birthdate ____/____/____ Age _____ Sex _____ Grade completed by June 2015 _____

Roommate Request Name _____ (One will be honored when possible)

* Custodial Parent/Guardian (to be used as primary contact) _____

Relationship to Camper _____ Phone _____ Alt. Phone _____

* Secondary Contact (if primary is unavailable) _____ Relationship to Camper _____

Phone _____ Alt. Phone _____

Name of Church _____ Denomination _____ City _____

I/We chose Stronghold because _____

First Choice Camp _____ Start Date _____ End Date _____ Fee \$ _____

Second Choice Camp _____ Start Date _____ End Date _____ Fee \$ _____

T-Shirt Size (circle ONE only) Youth: M L Adult: S M L XL XXL

Payment Method: \$ _____ Check enclosed _____ Credit Card _____

Credit Card # _____ Expiration date _____ 3 digit code (on back) _____

Are you receiving a scholarship from a church, Presbytery, or other source? _____ Yes _____ No

If so, what is the organization name? _____ Amount \$ _____

HEALTH HISTORY

Any changes to this form **MUST** be provided upon participant's arrival at camp.

Insurance Information

Is the camper covered by family medical/hospital insurance? YES _____ NO _____

A photocopy of your insurance card is **required**

Carrier: _____ Policy/Group # _____

Name of Insured _____ Relationship to Camper _____

Please continue on next page

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Medications

Please list ALL medications (prescription and over-the-counter) taken routinely. Bring enough medication to last the entire time at camp. Keep all medication in its original container with correct dosage and frequency information from the doctor. Present ALL medication to the camp nurse at registration.

*Updates can be made during registration

_____ This camper takes NO medication on a routine basis
_____ This camper takes medications as follows:
Med # 1 _____ Dosage _____ Times Taken _____
Reason for taking _____
Med # 2 _____ Dosage _____ Times Taken _____
Reason for taking _____
Attach additional pages for more medications
_____ Medications taken during the school year only: _____

ALLERGIES – List all known

Medication allergies _____

Food allergies _____

Other allergies (insect bites, hay fever, etc.) _____

Describe reaction and management of the reaction _____

HEALTH HISTORY Please check if yes Has/does the camper:

- | | | |
|---|---|---|
| <input type="checkbox"/> Have a chronic/recurring illness or condition? | <input type="checkbox"/> Ever been hospitalized? | <input type="checkbox"/> Have problems with sleepwalking? |
| <input type="checkbox"/> Ever had surgery? | <input type="checkbox"/> Have frequent headaches? | <input type="checkbox"/> If female, have an abnormal menstrual history? |
| <input type="checkbox"/> Ever had a head injury? | <input type="checkbox"/> Wear glasses or contact lenses? | <input type="checkbox"/> Ever had an eating disorder? |
| <input type="checkbox"/> Ever had frequent ear infections? | <input type="checkbox"/> Ever passed out during exercise? | <input type="checkbox"/> Need any restrictions to camp activities? |
| <input type="checkbox"/> Ever had seizures? | <input type="checkbox"/> Have heart disease or defect? | |
| <input type="checkbox"/> Had mononucleosis in the Past 12 months? | <input type="checkbox"/> Have diabetes? | |
| | <input type="checkbox"/> Have a history of bed-wetting? | |

Please explain any "yes" answers including dates _____

Please provide any additional information about the camper's behavior and physical, emotional, or mental health which would help us to better understand and nurture your child _____

Date of last tetanus shot _____ My campers immunizations are up to date ___yes ___no

Your physician's name _____ Office Phone _____

This REGISTRATION FORM is correct so far as I know and by registering the camper named on this application, I hereby give permission for him/her to fully participate in all camp activities as well as leave Stronghold grounds, accompanied by authorized camp personnel, for approved out-of-camp activities; to be transported in camp-approved vehicles driven by camp-approved drivers for camp approved activities unless I attach a separate page to this application which prohibits my child from participating in a specified activity.

I hereby give permission to Stronghold Camp to order x-rays, routine test, treatment; to release any records necessary for insurance purposed; and to provide or 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 the person registered above.

I hereby give permission to the Stronghold staff to dispense my child's prescription medication

I hereby give permission to Stronghold staff to share and exchange medical information about my child with the following: The Camp Counselor and Camp Director for my child.

The emergency contact person listed on this form, if I cannot be reached

The emergency first responders and to the receiving hospital/physician

SIGNATURE of Parent/Guardian (*signature indicates information has been read*) _____

PRINTED NAME _____ DATE _____