

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**

**FAMILY CAMP REGISTRATION FORM (Adult)**

*Only ONE camper registration per form, photocopy this form or download more forms at [www.strongholdcenter.org](http://www.strongholdcenter.org)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
please PRINT clearly

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ This is my \_\_\_\_\_ (#) year at camp

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Number attending in family \_\_\_\_\_

Other Family Members Name(s) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_ City \_\_\_\_\_

I/We chose Stronghold because \_\_\_\_\_

Which Family camp session you would like to attend:      Session #1      Session #2

We would like to stay at (please circle one below. Must bring own tent for Campground)

Heritage Lodge

Tent at Campground

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

Payment Method:    check enclosed \$ \_\_\_\_\_

\_\_\_\_\_ VISA    \_\_\_\_\_ Mastercard    Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

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 (if covered by another's policy) \_\_\_\_\_

continued on next page

## 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. Medication may be presented to the camp nurse at registration or kept. If kept, Stronghold is not responsible for lost medication.

\*Updates can be made during registration

\_\_\_\_\_ I take NO medication on a routine basis

\_\_\_\_\_ I take 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

## 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:

\_\_\_ Have a chronic/recurring illness or condition?

\_\_\_ Ever been hospitalized?

\_\_\_ Have problems with sleepwalking?

\_\_\_ Ever had surgery?

\_\_\_ Have frequent headaches?

\_\_\_ If female, have an abnormal menstrual history?

\_\_\_ Ever had a head injury?

\_\_\_ Wear glasses or contact lenses?

\_\_\_ Ever had an eating disorder?

\_\_\_ Ever had frequent ear infections?

\_\_\_ Ever passed out during exercise?

\_\_\_ Ever had an eating disorder?

\_\_\_ Ever had seizures?

\_\_\_ Have heart disease or defect?

\_\_\_ Need any restrictions to camp activities?

\_\_\_ Had mononucleosis in the

\_\_\_ Have diabetes?

Past 12 months?

\_\_\_ Have a history of bed-wetting?

\_\_\_ High blood pressure?

Please explain any "yes" answers including dates \_\_\_\_\_

Please provide any additional information about the camper's behavior and physical, emotional, or mental health about which which would help us to better understand and care for the camper \_\_\_\_\_

## Physician Info.

Your physician's name \_\_\_\_\_ Office Phone \_\_\_\_\_

This REGISTRATION FORM is so far as I know and by registering the camper named on this application, I hereby give permission to engage in all camp activities, and by signing this give Stronghold permission to provide transportation and to use registrant's image in publicity materials (photos, videos, quotes, stronghold website) unless I attach a separate page to this application which indicates any exceptions:

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. 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 prescription medication

I hereby give permission to Stronghold staff to share and exchange medical information with the following:

The Camp Counselors and Camp Director.

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

The emergency first responders and to the receiving hospital/physician

SIGNATURE (*signature indicates information has been read*) \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_