



2016 Faith Adventures (Disciples of Christ) Church Camp Registration and Health History



Camp Information and Forms can also be found online at www.faihadventurescamp.com

Mailing Address: Faith Adventures Camp c/o Kim Houser HC 79 Box 1671 Pittsburg, MO 65724

Email: faihadventurescamp@gmail.com Phone: 417.876.3526 (Jack Daniel) or 417.619.0687 (Shirley Scott)

Complete a separate registration form for each camper and each camp – Try-It Campers, please complete a form for each family member

CAMP NAME: Try-It JYF Chi-Rho CYF START DATE: _____

T-Shirt Size: Youth S Youth M Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL First Time Camper: Yes No

Camper's Name: _____ Date of Birth: _____

Sex: _____ Age: _____ Grade Completed by 6/30/2016: _____ Year of High School Graduation: _____

Camper's Address: _____ City/State/Zip: _____

Home Telephone: () _____ Camper's E-mail Address: _____

Local (DOC) Congregation & City _____ Pastor's Name _____

Church or Pastor's Email Address: _____

Mother/Guardian's Name: _____

Complete Address (if different from Camper's): _____

Daytime Phone: () _____ Evening Phone: () _____

Cell Phone: () _____ E-mail: _____

Father/Guardian's Name: _____

Complete Address (if different from Camper's): _____

Daytime Phone: () _____ Evening Phone: () _____

Cell Phone: () _____ E-mail: _____

If Parents/Guardians are unavailable in an emergency, notify (name): _____

Relationship to Camper: _____

Daytime Phone: () _____ Evening Phone: () _____

Releases and Authorizations: please check to be sure all signatures (3) and initials (3) are completed, front & back of form,

This Registration & Health History is correct and complete as far as I know. The person herein named as "camper" has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health or dental care, administration of prescribed medication, and emergency treatment for me/my child, as may be deemed necessary, including but not limited to x-rays, routine tests, and treatment, and/or hospitalization. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the Health Insurance Portability and Accountability act of 1996. I hereby agree (pursuant to 45CFR§164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (1) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (2) in the case of minors, relevant information to the camp representatives to keep me informed of my child's health status.

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 named above. This completed form may be photocopied for trips out of camp.

Please initial Transportation and Photography Releases:

- _____ We/I give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Faith Adventures (DOC) Church Camp.
- _____ We/I give permission for our/my child to be photographed, video or audio taped and understand that these photos, videos, or recordings may be used in Faith Adventures Camp newsletters, promotion or other print, digital or internet publications including the website.

Signature of Custodial Parent/Guardian (or Adult Camper/Staff) _____
Printed Name _____ Date _____

Participant Covenant: I covenant with my Creator, the camp staff, and other campers to do my best while at camp to:

- Expect the best of others, and give my best in our activities together.
- Participate fully in activities and attend the entire camp session.
- Abide by the camp rules, policies, and expectations.
- Expect to make new friends, be a friend to others, and have fun.
- Respect camp property and the property of other campers and staff.
- Respect each person's dignity, affirming that each one is created VERY GOOD, in the image of God.
- Be a good steward of creation, appreciating and caring for the environment at camp.
- Grow in my relationship with Jesus Christ, through prayer, Bible study, worship and fellowship.
- Create a community of hospitality and inclusion that honors the unique contributions of each person.

Participant's Signature _____ Date _____

Pastor's Recommendation: I recommend this individual for participation in Faith Adventures @ Lake Pomme de Terre) Disciples of Christ Camps.

Pastor's Signature _____ Date _____

Health History for
(Camper name): _____

Date of Last
Physical Exam _____

Insurance Information: Is the participant covered by medical /hospital insurance Yes No Date of Last Tetanus _____

If so, list carrier or plan name: _____ Policy/Group #: _____

Physician: _____ Phone: () _____

Dentist/Orthodontist: _____ Phone: () _____

ALLERGIES List all known include medicines, food, insect stings or bites, hay fever, asthma, animal, etc.	Describe reaction and management of reaction if more space is needed, please attach an additional sheet
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DIET, NUTRITION: This camper eats a regular diet. This camper eats regular vegetarian diet. This camper has special food needs.
 Please describe any special dietary needs below. If additional space is needed, please attach an additional sheet.

MEDICATIONS BEING TAKEN Please list all medication (including over-the-counter or non-prescription drugs) Bring enough medication to last the entire time at camp. All medication must be in the original package that identifies the patient, prescribing physician (if prescription drug), name of the medicine, dosage and frequency of administration. If more space is needed, please attach an additional sheet.

Medication & Dosage.	When given & reason for taking medication
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3. _____ I authorize camp staff to administer over-the-counter medication to my child for minor pain, headache, upset stomach, sore throat, cold symptoms, or allergy. Parent/Guardian initial here

General Health: Check YES or NO for each statement. Please explain YES answers below, noting the number of the question, attach an additional sheet if needed. For travel outside country, please name countries visited.

- | | | | | | | | |
|--------------------------------|--|--------------------------|--------------------------|--------------------------------|---|--------------------------|--------------------------|
| Has or does the camper: | | YES | NO | Has or does the camper: | | YES | NO |
| 1. | Had a recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 11. | Have asthma/wheezing/shortness of breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> | 12. | Ever had back/joint problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> | 13. | Have any skin problems (e.g. itching, rash, acne)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 14. | Had mononucleosis ("mono") in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Had headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 15. | Had problems with diarrhea/constipation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> | 16. | Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Had fainting or dizziness? | <input type="checkbox"/> | <input type="checkbox"/> | 17. | If female, have problems with periods/menstruation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Ever had seizures or convulsions? | <input type="checkbox"/> | <input type="checkbox"/> | 18. | Have a history of bedwetting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Ever passed out/had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 19. | Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> | 20. | Traveled outside the country in the past 9 months? | <input type="checkbox"/> | <input type="checkbox"/> |

Mental, Emotional and Social Health Check YES or NO for each statement. Please explain YES answers below, noting the number of the question, attach an additional sheet if needed.

- Has the camper:**
- | | | | |
|----|---|--------------------------|--------------------------|
| | | YES | NO |
| 1. | Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Ever been treated for emotional or behavioral difficulties or an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | During the past 12 months, seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Had a significant life event that continues to affect the camper's life?
(history of abuse, death of a loved one, family change adoption, foster care, new sibling, survived a disaster, other...) | <input type="checkbox"/> | <input type="checkbox"/> |

What have we forgotten to ask? Use this space to provide any additional information about the camper's health or behavior that you think important or that may affect the camper's ability to participate fully in the camp program. If more space is needed, please attach an additional sheet.

Return completed, signed form with the items 1-3 to your local church if Disciples. All others, please return items to address on the front of this form.

1) Copy of Immunization Record (must include dates); 2) Copy of front and back of insurance card; 3) Payment of fee - Make check payable to "Faith Adventures Camp."