

Camp Appanoose Registration Form

Camp Participant _____ Nickname Preferred _____

Address _____ City _____ State _____ Zip _____

Male Female DOB _____ Grade (next yr) _____ Camper Phone(_____) _____

Specify Camp Program Desired _____ Date of camp _____

Friend or group with which you wish to lodge: _____

Parents/Guardian's Names _____ Phone (_____) _____ Phone (_____) _____

Parents/Guardian's Names _____ Phone (_____) _____ Phone (_____) _____

Parent Address (if different from above) _____

Parent Emails _____

Other Emergency Contact (opt) _____ Cell Phone(_____) _____

Doctor's Name _____ Doctor's Phone(_____) _____

Dentist Name _____ Dentist's Phone(_____) _____

Medical Insurance Co _____ Policy # _____ Phone (_____) _____

Pick-up permission: I hereby give permission for my son/daughter to leave camp with: _____

(Early departures must have written permission of the legal guardian and approval of the camp director.)

I give permission for Camp Appanoose to use photos of the above named camper in camp promo materials and/or camp website and Facebook posts.

Parent/Guardian/Adult Camper Signature

DATE

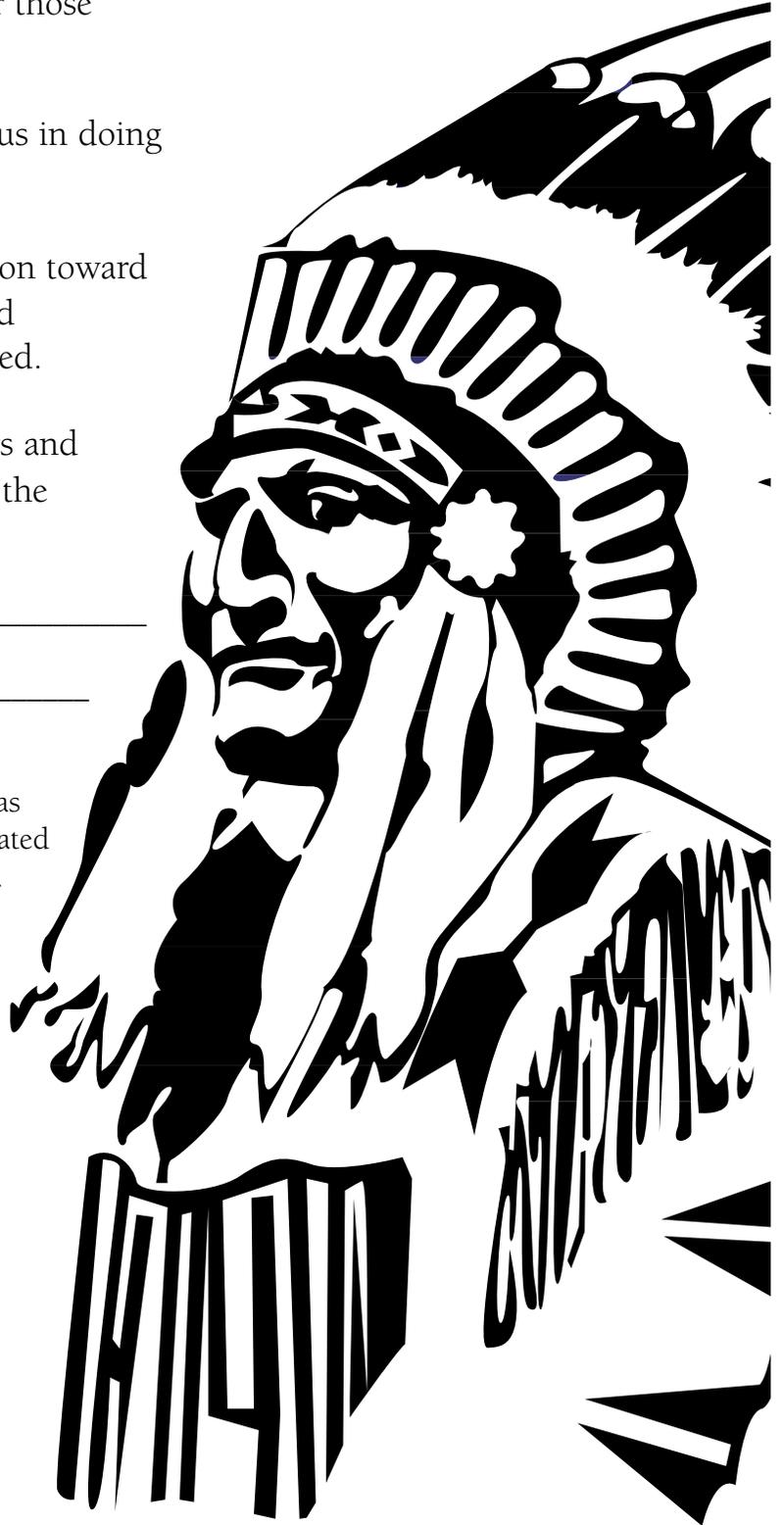
The Chief's Code

- ▲ I will show respect in my speech toward God and my fellow man.
- ▲ I will be loyal to each member of my group, including my counselor, and honor those in authority.
- ▲ I will be trustworthy and courageous in doing what is right.
- ▲ I will show kindness and compassion toward others, expressing appreciation, and being ready to forgive when wronged.
- ▲ I will care for the property of others and demonstrate concern in protecting the environment.

Signature : _____

Date: _____

- ▼ Chief Appanoose was a quiet natured diplomatic leader while yet a child. He was deeply loved by his people and demonstrated that young people may make a difference.



Camper Name: _____ Camp Week: _____

Parent Name: _____ Parent Cell: _____

ALLERGIES

Camper does not have any known allergies.

Camper is allergic to

1. Hay Fever 2. Poison Ivy/Oak 3. Insect Stings 4. Food 5. Other

Please list number and describe reaction and treatment. _____

HEALTH HISTORY

Does the camper have a history of or is prone to any of the following. (Please check all that apply)

- 1. Recent injury, illness or infections disease
- 2. Chronic or recurring illness
- 3. Frequent ear infections/
Swimmers ear
- 4. Convulsions/Seizures
- 5. Dizziness during or after exercise
- 6. Chest pain during or after exercise
- 7. Heart Defect/Disease
- 8. Hypertension
- 9. Bleeding/Clotting Disorder

- 10. Diabetes
- 11. Mononucleosis
(in last 12 mos)
- 12. Chicken Pox
- 13. Measles/
German Measles
- 14. Mumps
- 15. Tuberculosis
- 16. HIV Positive
- 17. Hepatitis
- 18. Joint problems
- 19. Fractures
- 20. Frequent headaches

- 21. Head Injury
(in last 12 mos)
 - 22. Eating Disorder
 - 23. Diarrhea or constipation
 - 24. Asthma
 - 25. Bedwetting
 - 26. Sleepwalking
 - 27. ADD/ADHD/ODD
 - 28. Homesickness
 - 29. Headlice (last 3 months)
- DATE OF LAST TETANUS:

Please list the number and provide explanation for any checked items:

Physical Activities to be LIMITED or RESTRICTED while at camp: _____

Are there special needs or anything else we have not asked? _____

AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel.

I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian _____ Date _____

MEDICATION ADMINISTRATION CHART

Camper Name: _____ Camp Week: _____
Birth Date: _____

Parent/Guardian: Please fill in medication information in blocks on LEFT ONLY. Please place medications in **Original Containers** into a sealable plastic bag, clearly labeled with your campers name, date of birth, and allergies written in permanent marker on the outside of bag. Prescriptions meds **MUST BE** in original containers with doctors directions on outside. (Please, no pills in baggies or daily dispensers). Please send inhaler if your child has asthma. Please send an Epi-Pen if your child has a history of severe allergic reactions. Missing Dose Legend: R-refused medication, S-skipped dose for medical reasons, O-Other. Write comment.

Camp Dates:	Dose	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Medication: _____ _____ Dosage: _____ _____ Frequency: _____ _____	Breakfast							
	Lunch							
	Dinner							
	Bed							

Comments: _____

Medication: _____ _____ Dosage: _____ _____ Frequency: _____ _____	Breakfast							
	Lunch							
	Dinner							
	Bed							

Comments: _____

Medication: _____ _____ Dosage: _____ _____ Frequency: _____ _____	Breakfast							
	Lunch							
	Dinner							
	Bed							

Comments: _____

My child/youth **IS ALLOWED** to have the following over-the-counter meds if needed:

- Tylenol
 Ibuprofen
 Benadryl
 Throat Spray
 Pepto Bismol
 Tums
 Hydrocort. Cream
 Immodium

Office/Nurse Use Only.

Universal Consent And Release Form

We understand that the following activities do present the risk of injury or even death, to the participant and we have advised the participant of those possibilities. We affirm to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability for injury or death to the participant which is not attributable to legal negligence by you, your agents, employees, and/or representatives.

If we are not personally present at these activities I which that participant is to participate, so as to be consulted in case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and wellbeing of the participant.

We also understand that it is imperative that all participants will carefully follow the instructions of the camp staff.

EQUESTRIAN

We understand the nature and extent of the activities that may take place and acknowledge that the participant is physically and mentally able to participate in horseback riding and related activities. We also understand that all riders will be expected to wear standard riding helmets (available at Camp Appanoose), long pants, and solid shoes.

We the undersigned parents/guardians of the participant, grant permission in Equestrian activities at Camp Appanoose the week of:

Parent/Guardian Signature:

Participant's Signature:

Today's Date:

TARGET SPORT

We understand the nature and extent of the activities that may take place and acknowledge that the participant is physically and mentally able to participate in target shooting and related activities. We know that riflery and paintball activities may be limited to youth ages twelve and up. Archery may be available to younger persons.

Check Yes or No for each:

Paintball Yes No Archery Yes No Riflery/BB Yes No Pellet Guns Yes No

We the undersigned parents/guardians of the participant give permission to participate in target activities, target shooting with firearms, and/or archery equipment at Camp Appanoose the week of:

Parent/Guardian Signature:

Today's Date:

Participant Signature:

Today's Date: