

# Camper Registration Form - 2017

**PLEASE NOTE: Camp registration and payment may now be done online at the following website address: [abcin.campmanagment.com/enroll](http://abcin.campmanagment.com/enroll)**

Parent/Guardian: Please print or type all information clearly.  
The entire registration and medical form must be completed and signed in order to register for camp.

Camp Attending:  Indian Creek  Tippecanoe

Camp Session \_\_\_\_\_ Date of Camp \_\_\_\_\_

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
First MI Last Month/Day/Year

Male  Female Grade Completed \_\_\_\_\_ Camper Email \_\_\_\_\_

Name of person you desire to be housed with \_\_\_\_\_

T-Shirt Size (circle one) Y-S Y-M Y-L A-S A-M A-L A-XL A-XXL A-XXXL

Attending Church \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent/Guardian \_\_\_\_\_

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

Preferred Phone 1. ( ) \_\_\_\_\_ 2. ( ) \_\_\_\_\_

Parent Email \_\_\_\_\_

**Payment in full is PREFERRED at time of registration.**

**PLEASE NOTE: There will be a late fee of \$25.00 if payment is not postmarked 10 days prior to start of camp session.**

**Make check payable to ABC-IN/KY  
There is a \$50.00 cancellation fee.**

**Send registration, health form and check to:**

**Camp Registrar  
ABC-IN/KY  
1350 N Delaware St  
Indianapolis IN 46202**

**If you need to make payment arrangements,  
contact the camp registrar:**

**Kristie Dowdy  
kristiedowdy@abc-indiana.org  
(317) 635-3552 ext 228**

Line 1: Camp session fee (1) \_\_\_\_\_

Line 2: Family discount (2) \_\_\_\_\_  
(Subtract \$10.00 for each additional camper from the same family-not including first child registered)

Line 3: \$25.00 late fee, **if applicable** (3) \_\_\_\_\_

Line 4: Subtotal (add lines 1-3) (4) \_\_\_\_\_

Line 5: Enter amount paid with registration (5) \_\_\_\_\_

Line 6: Subtract line 5 from line 4 and enter balance due. (6) \_\_\_\_\_

**Please indicate who will pay balance:**

Parent  Church \_\_\_\_\_

Other \_\_\_\_\_

**For Office Use Only**

Date Rec'd \_\_\_\_\_ CK No \_\_\_\_\_ Amt \_\_\_\_\_ PT \_\_\_\_\_ CH \_\_\_\_\_ S \_\_\_\_\_ 3P \_\_\_\_\_ SC APP \_\_\_\_\_

Date Rec'd \_\_\_\_\_ CK No \_\_\_\_\_ Amt \_\_\_\_\_ PT \_\_\_\_\_ CH \_\_\_\_\_ S \_\_\_\_\_ 3P \_\_\_\_\_

# HEALTH HISTORY FORM

The following information must be filled out by the parent/guardian, or adult camper, or staff member. The intent is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health care personnel upon camper's arrival at camp. Provide complete information so that the camp can be aware of the camper's needs.

Camp Session \_\_\_\_\_ Dates attending \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First MI Last

Male  Female Birth Date: \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Month/Day/Year

Camper Home Address: \_\_\_\_\_  
Street Address City St Zip Code

**Parent/Guardian with legal custody to be contacted in case of illness or injury:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phones ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from above) Street Address City St Zip Code

**Second parent/guardian or other emergency contact:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phones ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Additional contact in event parent(s) cannot be reached:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phones ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Date of last Physical Exam** \_\_\_\_\_ . The camper must have had a physical exam within the last year.

**Healthcare Providers:**

Name of camper's primary doctor \_\_\_\_\_ Office phone \_\_\_\_\_

Name of family dentist/orthodontist \_\_\_\_\_ Office Phone \_\_\_\_\_

**Medical Insurance Information:**

**(Your child will not be admitted without this information)**

Is the camper covered by family medical/hospitalization insurance?  Yes  No

Carrier or plan name \_\_\_\_\_

Group No. \_\_\_\_\_

Name of Insured \_\_\_\_\_

Relationship to camper \_\_\_\_\_

***Please include  
a copy of the  
insurance card  
(front & back)  
or bring card to  
check-in.***

**Parent/Guardian Authorization for Health Care:**

*I hereby give permission to the medical personnel selected by the camp manager to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp manager to secure and administer treatment, including hospitalization for the camper named above. I also give permission to the camp medical staff selected by the camp manager to review the medical information enclosed in this document. This complete form may also be photocopied for trips outside of camp grounds.*

By signing you are also stating the following: The health history is correct and complete as far as I know. The camper named above has permission to engage in all camp activities except noted elsewhere on this form.

**Your child will not be admitted without your signature.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Photographs:**

I give my permission for photos, videos, and quotations of the above camper to be procured by the camp, and used in perpetuity for advertisement, media, social media, and promotion of all kinds.  Yes  No

\_\_\_\_\_  
(For Camp Use) Camper Name:

\_\_\_\_\_  
(For Camp Use) Cabin:

\_\_\_\_\_  
(For Camp Use) Session:

