

Camper Registration Form - 2019

PLEASE NOTE: Camp registration and payment may now be done online at the following website address: 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 either
Indian Creek or CampTippecanoe
There is a \$50.00 cancellation fee.**

Send registration, health form and check to:

**Indian Creek
1770 Avoca Eureka Rd
Bedford, IN 47421**

or

**Camp Tippecanoe
PO Box 23
North Webster, IN 46555**

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: _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
 (Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper has special food needs.
 (Please describe below.)

Restrictions: I feel the camper can participate without restrictions. I feel the camper can participate with the following restrictions or adaptations.
 (Please describe below.)

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

List all medications taken routinely, including over the counter and prescription drugs. Be sure to bring enough medication for the duration of the camp session. All medications must be in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), name of the camper, name of the medication, the dosage, and the frequency of administration. Attach additional pages for more medications. (You MUST fill this out)

Name of medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		

General Questions

(use additional sheet to explain Yes answers)

Has/Does the camper:	Yes	No
Had any recent surgery, illness or infectious disease?	_____	_____
Have a chronic recurring illness or condition?	_____	_____
Ever been hospitalized?	_____	_____
Ever had surgery?	_____	_____
Have frequent headaches?	_____	_____
Wear glasses, contact, or positive eye wear?	_____	_____
Have a history of bed-wetting?	_____	_____
Have a problem with sleepwalking?	_____	_____
If female, have abnormal menstrual history?	_____	_____

Immunization Dates (required)

Has the camper had a TB test? Yes No

If yes, date of last test: _____

Result: Positive Negative

	Date	Date	Date	Date
Vaccine for:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
Tetanus				
Polio				
MMR				
Or Measles				
Or Mumps				
Or Rubella				
Hepatitis B				
Varicella (Chicken Pox)				

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
- Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
- During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
- Had a significant life event that continues to affect the camper's life? (History of abuse, death of loved one, family change, adoption, foster care, new sibling, survived a disaster, others) Yes No

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.