

CAMPER REGISTRATION FORM
Westminster United Methodist Church
July 22 – July 26, 2024

CAMPER NAME: _____

CAMPER INFORMATION:

GENDER _____ BIRTHDAY _____ AGE _____ SCHOOL GRADE IN FALL: _____
HOME CHURCH _____ DENOMINATION _____

REGISTERING PARENT/GUARDIAN/CONTACTS

NAME: _____
FULL ADDRESS: _____
PHONE: HOME () _____ DAY () _____ CELL () _____
EMAIL: _____

SECOND PARENT/GUARDIAN/CONTACTS

NAME: _____
FULL ADDRESS: _____
PHONE: HOME () _____ DAY () _____ CELL () _____
EMAIL: _____

HEALTH INFORMATION:

LIST ANY PHYSICAL, EMOTIONAL, BEHAVIORAL, OR MENTAL HEALTH CONCERNS: _____

ALL IMMUNIZATIONS REQUIRED FOR MY CHILD TO ATTEND SCHOOL ARE UP TO DATE: ___ YES ___ NO

DATE OF LAST TETANUS SHOT: _____

IS CAMPER ALLERGIC TO BEE STINGS: _____ HAS CAMPER EVER BEEN STUNG BY A BEE: _____

FOOD ALLERGIES: _____

DOES YOUR CAMPER TAKE DAILY MEDICATION, PRESCRIPTION OR OVER THE COUNTER? IF YES, please list medication _____

WILL CAMP NEED TO ADMINISTER ANY MEDICATION TO CAMPER DURING CAMP? _____

I give permission for camp or church staff to provide first aid, administer medications as noted above, and seek emergency medical services if needed. Every effort will be made to contact the parent/guardian as soon as possible.

PARENT/GUARDIAN SIGNATURE _____ **OR**
I REFUSE TO GIVE PERMISSION TO TREAT _____

PARENT/GUARDIAN AUTHORIZATION

I agree to the policies outlined in the Voyages Guidelines and understand that my child will be held accountable for their actions and behaviors at Voyages. I authorize _____ to attend and take part in all Voyages activities. I give permission for photographs taken of me/or my child to be used for camp publicity, printed or electronic. I grant permission for my child to be transported by Camp Don Lee between church and camp on the designated day of camp.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

SWIMMING

Swimming is a potential activity during Voyages. There will be a lifeguard on duty, as well as counseling staff supervising the campers. Please fill out this form to let us know how well your child is able to swim. If your child is unable to swim, we will require them to wear lifejackets while in the pool. Circle one of the following:

NON-SWIMMER BEGINNER MODERATE SWIMMER ADVANCED SWIMMER