



RA & Boys Summer Camp Registration and Health Information

Camper Name: _____ Birthday: ____/____/____

Camper Address: _____

Grade Completing in School: _____ (ex. if your son was/is in 4th grade this year then write 4th)

Shirt Size: _____ Age: _____

Camper's Church: _____

Church Contact Person: _____ Phone: (____) _____

Parent/Guardian Name: _____

Does the camper have any physical limitations that would prevent him from entering the full camp program? _____ If yes, please list them on back of this form.

Does the camper have any medical conditions, allergies, or take any regular medications about which we should know? _____ If yes, please list them on back of this form.

In Case of Emergency: I grant permission to the Boys Camp Director to render proper treatment. (We will contact parents/guardians if possible.)

1) Name: _____ Relationship: _____

Daytime # _____ Night # _____ Cell # _____

2) Name: _____ Relationship: _____

Daytime # _____ Night # _____ Cell # _____

Insurance Company: _____ Policy/Group # _____

The camper may call home in an emergency with the Director's permission. If you need to contact us or the camper please call the camp at 987-5100.

Past Illnesses (check all that apply and give dates if recent)

- | | | | | | |
|---|--------------------------------------|--|--|---|-------------------------------------|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Abscessed Ears | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Athlete's Feet | <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Poor Appetite | <input type="checkbox"/> Constipation | |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Fever | <input type="checkbox"/> Polio | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Whooping Cough | |
| <input type="checkbox"/> Serious Injuries | | <input type="checkbox"/> Sleep Walking | | | |

The Camper **may** be released to: _____

The Camper **may not** be released to: _____

Parent/Guardian Signature: _____