**-REGISTRATION/HEALTH/RELEASE FORM**

 **Camper’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camp Session & Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Camper’s date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in the fall \_\_\_\_\_\_\_\_ Gender \_\_\_ Camper’s Phone # (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roommate Request (one individual only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List below the names of those people who are authorized to pick-up your child from camp. **\*Please list no more than 5 people including parents who are authorized to pick-up. (Please send special written permission if camper is to leave camp during a session for practices, games, concerts…)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permission to give your child over the counter medications if needed - No Yes Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Please answer the following questions. If you answer yes, please give a brief description (use back if necessary)

1. Are you allergic to any medications? (please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have any serious allergies? (please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you currently on medication?\_\_\_\_\_\_\_\_\_\_ Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For what\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Have you had a seizure the last 12 months?\_\_\_\_\_\_\_\_\_\_ If yes, are you on medication for this condition?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. 5. Do you have heart defects, dis ease, or high blood pressure?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do you have debilitative back, knee or similar structural disorders? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Have you had any serious sprains, broken limbs or surgery of any kind in the last 12 months?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Are you or do you believe yourself to be pregnant?\_\_\_\_\_\_\_\_ 9. Date of last tetanus shot \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Doctor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for treatment of Emergency Care**

 I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp executive director to secure and administer treatment, including hospitalization for the person named above. This complete form may be photo copied for trips out of camp. The health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities as noted.

I agree to release and hold harmless Koinonia Camp, its employees and volunteers from any and all claims including, but not limited to physical or property damage suffered by my child as a result of attending a camp or travel during camp. During travel, I understand that my child will be accompanied by a responsible adult and every precaution will be taken to safeguard the welfare of the campers.

Father’s/Guardians Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s/Guardians Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Activity Release**

Camp Activities include, but are not limited to hiking, swimming, low and high Koinonia Adventure course activities, canoeing, horseback riding, archery and paintball adventure games. There are risks of physical injury or harm from participating in high adventure activities. I voluntarily elect to participate in the activities and assume the risks of injury of harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Koinonia Camp its officers, employees, and agents from all liability for any injury or harm to me (or my minor) from participating in said activities; whether the injury or harm is caused by the negligence of Koinonia Camp or otherwise. I have read and understood this release of liability.

Participation in the physical aspects of any or all outdoor initiatives is absolutely voluntary. I acknowledge the fact that not all of the stresses and hazards connected with the activities can be foreseen. Some of the specific hazards I might encounter include slipping and falling on trails, bumps, bruises, cuts, scrapes, insect stings, poison ivy, sprains or other injuries. Facilitators will take every reasonable precaution to minimize exposure to known risks. I have the personal responsibility to follow all the safety rules and guidelines given to me. I hereby personally assume all risks in connection with the activities and I waive all claims arising out of the guidelines given to me.

Parent must initial approved Koinonia Adventure Activities for minors; Please initial all experiences you want your child to have.

**Low Initiatives\_\_\_\_\_\_\_\_\_ High Ropes\_\_\_\_\_\_\_\_ Small Animal Experiences \_\_\_\_\_\_\_\_ Paintball \_\_\_\_\_\_\_\_**

**\*Please note that by registering your child for this camp you are giving Koinonia Camp permission to take and use pictures and videos for promotional purposes.\***

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Camp Session Fee \_\_\_\_\_\_\_\_\_\_Additional Sibling Discount \_\_\_\_\_\_\_\_\_\_Amount Paid w/ registration \_\_\_\_\_\_\_\_\_\_ Balance Due \_\_\_\_\_\_\_ (Check Fee Schedule) ($10 discount per additional child – summer camps only)