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Participant Registration Form

Event/ Dates _____ Church _____
Cost: _____ **Office Use Only:** Date rec'd: _____ Amount _____ Check /Cash: _____

Participant Name _____
First Last

Birthday (M/D/Y) _____ Gender (circle one) M F

Parent/Guardian (if minor) _____ Relationship _____
First Last

Email address _____

Mailing Address _____
Street City State Zip

Primary Phone _____ Secondary Phone _____

Emergency Contact & Relationship _____
First Last Relationship

Phone 1 _____ Phone 2 _____

Medical Insurance Company _____ Policy Number _____

Family Physician _____ Phone Number _____

Please list any allergies and their reactions or restrictions. (Use back if needed)

Please list any medication to be given while at camp.

Are all immunizations current per doctor/parent and on file with listed physician? YES / NO (circle one)

Date of last tetanus shot _____

Does participant have any physical considerations, which would limit his/her involvement in the total camping program or require additional assistance? If yes, please list, along with accommodations required (use back if needed).

Please list any additional information for our Health Care Staff.

Please See Reverse Side

Name of Camper: _____

Parent/ Guardian Authorization

****Regarding Medications****

1. By law, all prescription medications must be brought to camp in their original containers, with the doctor's instructions. DO NOT pre-dispense, place in a daily pill holder, wrap in outer materials or ask us to dispense by other method than doctor's orders. Do not bring expired medications. Medications not in original containers will not be held or dispensed at camp.
2. Medications will be given at breakfast, lunch, dinner and bedtime, unless noted otherwise.
3. Please indicate if medication is taken daily or 'as needed' and reason why it is taken.
4. You must be specific with any variations or conditions associated with 'as needed.'

****Health History Authorization****

I certify that I am the parent or guardian of the above named child OR am the adult participant. This health history is correct and complete as far as I know. The person herein described has the permission to engage in all camp activities, except as noted. In case of medical emergency, I understand that every effort will be made to contact the parent, guardian or emergency contact of the participant named above. In the event that the emergency contacts cannot be reached, I hereby give permission to Camp Conquest to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, billing, or insurance purposes. I give permission to the physician selected by the camp leaders to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery. I understand that Camp Conquest does not carry medical or accidental insurance for participants, and I hereby certify that the participant, named above, is covered by a personal insurance policy or is included in a policy which is in force. Further, I hereby authorize routine medical dispensary care for the above named and authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense. In signing this form, I hereby certify that all information is correct and I give permission for the use of photographs, audio, and video footage including my child in camp publicity, for my child to be transported in camp operated vehicles for approved out-of-camp activities and for purposes of medical transport, and of the release of medical records in case of illness.

Yes / No (circle one): I have read the information "Regarding Medications"

Yes / No (circle one): I understand the Camper Policies listed on the attached page including the Dress Code and Camper Discipline policies.

Yes / No (circle one): My child will ride the bus daily from the church.

Parent signature (for above minor) _____ **Date** _____

Participant Signature (if an adult) _____ **Date** _____

Please See Reverse Side