



Camp Registration Form

Camper's Name: Last First Middle

Camper's preferred name:

Parent/Legal Guardian(s) Names: Mother Father

Address: Street Address City State Zip Code

Phone Numbers: Main Secondary Other

Email:

CAMPER INFORMATION

Date of Birth: Gender: M F

Grade Completed (as of June 2011):

Do you regularly attend church? Y N

If so, what congregation:

Allergies (including medications):

Should your child be restricted from any physical activities at Camp? Y N

(If yes, please attach a full description on a separate sheet and return with application)

Medical Insurance:

Provider: Policy #: Group #:

CONSENT TO TREAT

Any medications that a camper should be taking, or you would like to have available for him/her to take, must be given to the Camp nurse during registration. **All medications must be in their original prescription container with the doctor's name and specific written instructions on it.** Over-the-counter medications must also be in their original containers. The camp's nurse is permitted to administer medication as prescribed on original packaging. Also, if needed, the camp's nurse has my permission to administer first aid and non-prescription medicines in the event of illness or injury, EXCEPT for the following:

To my knowledge, this health information is correct and the person herein has permission to engage in all Camp activities, except as noted. I understand that I will be notified in case of serious injury or illness. However, if unable to reach me, I give my permission to the physician selected by the Camp Director and/or Nurse to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for my child as named on this form. I understand that I am responsible for bills incurred by my child.

Parent/Legal Guardian Signature

NO INSURANCE WAIVER – ACKNOWLEDGEMENT BY PARENT OR LEGAL GUARDIAN:

As parent(s) of the Student named above, I acknowledge that I am aware of the participation of our son/daughter in the 2011 Elevate Teen Camp at Rochester College. I understand that Rochester College has no insurance that would cover expenses incurred by our son/daughter as a result of medical treatment necessitated by illness or injury to our son/daughter. I hereby confirm that my son/daughter is not covered by any health insurance policy, which would cover expenses incurred by our son/daughter as a result of medical treatment necessitated by illness or injury to our son/daughter.

I hereby agree to assume all financial responsibility for and pay all expenses incurred by our son/daughter as a result of medical treatment required by our son/daughter during his/her participation in the 2011 Elevate Teen Camp and will indemnify and hold Rochester College harmless with regard to any such expenses advanced by it to secure timely medical treatment.

Parent/Legal Guardian Signature

The signatures are required on this form to register your child.

Please feel free to attach any additional medical concerns or any additional information that might help us care for your child at Camp.

PHOTOGRAPH AND VIDEO RELEASE:

I understand that my camper may be photographed or video taped while engaged in camp activities, and I grant permission for these images and voice recordings to be used in publications available for purchase by campers and staff, brochures, reports, web site, and presentations used to promote the camp.

Parent/Legal Guardian Signature