

Camp Daniel L. Davis Registration Form

Guardian and Emergency Contact Information

*In the follow section, please list the guardian's name and contact information as well as an additional emergency contact person. The additional person will be notified if the guardian(s) cannot be reached. **Please print.***

Camper's Name _____	D.O.B. _____	/	/	/	Year
Legal Guardian(s) _____	Camper's Gender: M or F				
Address _____					
Home Phone # () _____	Street _____	City _____	State _____	Zip code _____	Cell Phone # () _____
Secondary Contact _____					
Home Phone # () _____					Cell Phone # () _____
T-Shirt Size (CIRCLE ONE) Adult size: S M L XL 2X 3X Children's size: S M L					
Camper will attend: Week 1: July 11- 17, 2010 <input type="checkbox"/> Week 2: July 18-24, 2010 <input type="checkbox"/>					

Camper's Health Record and Medical Information

Camp Daniel L. Davis is required by the America Camping Association and by law to obtain the following health information before accepting a camper

Camper's Physician _____	Phone # () _____
Health Card # _____	Insurance Carrier _____ Group# _____
Does the camper have any medical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the camper have any activity restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Explain: _____	Explain: _____
Year of Immunizations: DTP _____	Tetanus _____ MMR _____ Polio _____

History

Allergies

<input type="checkbox"/> Sore Throats <input type="checkbox"/> Sinusitis <input type="checkbox"/> Bronchitis <input type="checkbox"/> Fainting <input type="checkbox"/> Upset Stomach <input type="checkbox"/> Kidney Trouble <input type="checkbox"/> Convulsions	<input type="checkbox"/> Sleepwalking <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Bed wetting <input type="checkbox"/> Dietary restrictions <input type="checkbox"/> Psychological needs	<input type="checkbox"/> Drugs <input type="checkbox"/> Food <input type="checkbox"/> Plants <input type="checkbox"/> Animals <input type="checkbox"/> Bee/Insect stings Other: _____ _____ _____
		Antidote: <input type="checkbox"/> Nurse administered <input type="checkbox"/> Self Care

Medications

Is the camper currently taking medications? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Explain: _____		
Drug Name: _____	Dosage: _____	Time: _____
_____	_____	_____
_____	_____	_____

Medical and Liability Release

I am in favor of the aforementioned camper attending camp and participating in all activities unless otherwise specified in writing. I understand that activities such as whitewater rafting, ropes course, water-skiing and horseback riding are high risk activities. As legal guardian I accept the conditions stated, including the release of the Allegheny East Conference of Seventh-day Adventist and Camp Daniel L. Davis management from liability in case of accident or illness. I support, and the applicant agrees to abide by, all camp regulations and policies. We understand campers may be photographed and videotaped and release all rights for publication and advertising. In case of emergency I give permission to the nurse/adult leader selected by the camp to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Signature _____ Date _____