

PLEASE COPY THIS REGISTRATION FORM FOR ANYONE FROM YOUR CHURCH WHO WOULD LIKE TO ATTEND OUR SUMMER CAMP PROGRAM AT ALDERSGATE. WE DO NOT ACCEPT EMAIL OR FAX REGISTRATION FORMS. YOU MAY ALSO PRINT REGISTRATION FORMS ONLINE AT:

[WWW.ALDERSGATECAMP.ORG](http://WWW.ALDERSGATECAMP.ORG)

**ALDERSGATE CAMP**

**2010 Registration & Permission Form**

**125 Aldersgate Camp Road, Ravenna, KY 40472**

**(606) 723-5078**

Camper's First Name \_\_\_\_\_ Camper's Last Name \_\_\_\_\_

Camper's Preferred Name \_\_\_\_\_ Gender (Circle One) MALE FEMALE

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_ Age on 1st day of camp \_\_\_\_\_ Grade Fall '10 \_\_\_\_\_

Camper's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Bill Church: Yes No Church will pay \$ \_\_\_\_\_

**IMPORTANT: THE FOLLOWING INFO MUST BE PROVIDED IF CHURCH IS PAYING PART OF CAMPER'S FEE**

Church that Camper Attends: \_\_\_\_\_ Church's Address: \_\_\_\_\_

City Church is in: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Church District: \_\_\_\_\_

Minister's Name (Please Print): \_\_\_\_\_ Minister's Signature: \_\_\_\_\_

**Please enroll me for:** (please refer to specific camp in brochure):

**1<sup>st</sup> Choice Camp Title:** \_\_\_\_\_ Cost of this Camp \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_ Date that this Camp starts: \_\_\_\_\_ Date that this Camp ends: \_\_\_\_\_

**2<sup>nd</sup> Choice Camp Title:** \_\_\_\_\_ Cost of this Camp \$ \_\_\_\_\_

Date that 2<sup>nd</sup> Choice Camp starts: \_\_\_\_\_ Date that 2<sup>nd</sup> Choice Camp ends: \_\_\_\_\_

(You will be registered for 2<sup>nd</sup> Choice Camp if 1<sup>st</sup> choice is NOT available)

1<sup>st</sup> Choice Cabin-Mate Preference: \_\_\_\_\_ 2<sup>nd</sup> Choice Cabin-Mate Preference: \_\_\_\_\_

(Note: Cabin-Mate Preference will be considered but not guaranteed)

Camper's shirt size (for canteen inventory) Size: Child S M L Youth S M L Adult M L XL XXL

Name of Parent or Guardian \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone Number(s): (Mom) (\_\_\_\_\_) \_\_\_\_\_ (Dad) (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number(s): (Mom) (\_\_\_\_\_) \_\_\_\_\_ (Dad) (\_\_\_\_\_) \_\_\_\_\_

Contact person if Parent or Guardian cannot be reached: \_\_\_\_\_

Contact person's phone number(s): (\_\_\_\_\_) \_\_\_\_\_ Relationship of Contact: \_\_\_\_\_

**Full payment of amount owed by camper must accompany each registration. (SEE COSTS)**

Churches are requested to hold payment until bills are sent out. Checks and money orders should be made payable to: **Aldersgate Camp**, and mailed directly to Aldersgate. Returned checks will be assessed a \$25.00 fee. Registration online requires a full credit card payment. Some limited scholarships are available upon request. OPTIONAL: I am enclosing a tax exempt donation to the camp of \$ \_\_\_\_\_

**NOTE: MEDICAL INFORMATION ON REVERSE SIDE MUST BE COMPLETE.**

**2010 MEDICAL INFORMATION**

Name of Doctor (Please Print) \_\_\_\_\_ Doctor's Phone # (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Name of Card holder \_\_\_\_\_

Is camper on any medication? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list medicines and purpose of each: \_\_\_\_\_

Please provide a written summary of the following: Past medical treatment, dietary restrictions, immunizations.

Please provide a description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_ Are there special needs we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Please Circle Allergies Camper Has:      None                      Bee Sting                      Penicillin                      Sulfa Drug

Other Allergies \_\_\_\_\_

Detail of above reactions or other medical info: \_\_\_\_\_

**IMPORTANT:** Recommendations and restrictions from camp activities (diet, medicine, swimming, etc.) \_\_\_\_\_

**DO NOT** release my child to: \_\_\_\_\_

I give permission and consent for my child to participate in any and all camp activities including, without limitations, swimming pool, creek, hiking, horseback riding, caving, games, ropes course, etc., and off-site activities, including transportation to and from, (except as noted above). I certify that my child is in good physical condition for all camp activities. I understand that the nature of outdoor camping ministries includes some risk of injury or death. I realize that campers can become ill and need medical attention. I hereby give permission to the camp Health Care Provider to give over the counter medication (such as Advil, etc.) to my child as proper treatment as deemed necessary for minor ailments. In case of emergency, I hereby give permission to the physician, nurse, hospital, etc. selected by the Camp Director (or his representative) to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above. In case of illness or accident, I give permission for the release of medical records for medical and insurance purposes. I hereby release Aldersgate from responsibility for the injury of my child. I agree to submit my insurance claims to my insurance carrier first and will only use Aldersgate's insurance plan as a secondary insurance. I give permission for the use of photographs or video including my child in camp publicity and for the distribution of my child's mailing address to campmates. This completed form may be copied for transportation records. In case of Emergency.

**Camper's Signature (ages 10 & older)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

How many years has Camper attended Aldersgate? \_\_\_\_\_ How did you hear about Aldersgate? \_\_\_\_\_

**Mail completed form to: Aldersgate Camp, Attention: Registrar, 125 Aldersgate Camp Rd, Ravenna, KY 40472**

Camps are filled on a "first come / first serve" basis. If information on this form is incomplete, form will be returned to Camper's mailing address and Camper will not be registered until completed form is submitted.