

Twinlow Summer Day Camp 2010

Participant Registration & Health History Form

Camper Information

Name _____ Birth date _____ Age _____
 Preferred Name _____ Gender _____ Grade entering in fall _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone (home) (____) _____ e-mail _____
 Parent 1 Name _____ Parent 2 Name _____
 Parent 1 Work _____ Parent 2 Work _____
 Parent 1 Cell _____ Parent 2 Cell _____
 Child lives with (circle one): Parent 1 Parent 2 Both Guardian
 Emergency Contact _____ Phone (____) _____ Relationship _____

T-shirt Size
 Youth XS
 Youth S
 Youth M
 Youth L
 Youth XL
 Adult S
 Adult M

Check the following sessions:	Circle the days of the week	Additional adults authorized to pick up my child:
___ (1) June 14-18	___ (8) Aug 2-6	Mon _____
___ (2) June 21-25	___ (9) Aug 9-13	Tue _____
___ (3) June 28-July 2	___ (10) Aug 16-20	Wed _____
___ (4) July 5-9	___ (11) Aug 23-27	Thur _____
___ (5) July 12-16	___ (12) Aug 30-Sept 3	Fri _____
___ (6) July 19-23	Extended Care? <input type="checkbox"/> 7:00-8:30 <input type="checkbox"/> 4:30-6:00	Adults NOT authorized to pick up my child:
___ (7) July 26-30	Daily Transportation Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Payment Information *See sliding fee scale (page 3) for best price for multiple children & camp sessions.*

Please complete the financial information below. A minimum of \$25 non-refundable deposit is required for each session camper plans to attend. Deposit must accompany registration form to reserve a place in the chosen camp session.

Total Events Cost \$ _____ Charge \$ _____ to my MASTERCARD, VISA or DISCOVER Card (circle one)
 Scholarship Donation \$ _____ Card #: _____ - _____ - _____ - _____ Exp ____/____
 Amount Enclosed \$ _____ *Signature* _____
 Remainder Owing \$ _____ *If paying by credit card, full payment is required at time of registration.*

Our church or other source will be paying a camp scholarship. Scholarship request forms are available from Twinlow Camp.

Camp Scholarship Amount \$ _____ Scholarship Source Name _____
 Scholarship Source Official _____ Phone (____) _____

Parent/Guardian Authorization

I, the undersigned parent/guardian, give permission for the above named camper to participate in the camp indicated above. I recognize and acknowledge that camping activity can involve certain hazards, including, but not limited to, illness, injury and accidents, and release Twinlow Camp and The United Methodist Church from liability. I give permission for:

- Standard medical treatment according to Camp Physician Standing Orders.
- Emergency medical treatment in the case that I cannot be contacted
- Administering physician prescribed medications
- Release of information for insurance purposes
- Transportation for scheduled off-site events
- Photos to be used in future publicity

The following health history is accurate and complete as far as I know.

Signature of Parent/Guardian _____ Date _____

Camper Name _____

Insurance Information

Insurance Carrier or Plan Name _____ Group # _____
Name of Insured _____ Relationship _____
Insurance ID or Policy # _____
Name of Family Physician _____ Phone () _____

Current Health Conditions Please describe any current health conditions requiring medications, treatment, or special restrictions or considerations while at camp. _____

Past Medical Conditions/Health History Please describe past medical treatment, (i.e., surgeries, heart conditions, fainting, seizures, etc.) or other medical concerns. _____

Health Care Recommendations by Licensed Medical Personnel

A physical exam and physician's signature is recommended, but not required, for camp attendance.

I examined this individual on _____.

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions (include treatment to be continued at camp).

Comments _____

Physician's Signature _____ Phone (____) _____ Date _____

Immunization Record

Social Security # ____/____/____

Which of the following diseases has the participant had?

- Measles
- Chicken Pox
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C
- TB Mantoux Test
- Date of last test _____
- Results:
- Positive Negative

Please give all dates of immunization for:							
Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		___	___	___	___	___	___
TD (tetanus/diphtheria)		___	___	___	___	___	___
Tetanus		___	___	___	___	___	___
Polio		___	___	___	___	___	___
MMR		___	___	___	___	___	___
Haemophilus influenza B		___	___	___	___	___	___
Hepatitis A		___	___	___	___	___	___
Hepatitis B		___	___	___	___	___	___
Varicella (chicken pox)		___	___	___	___	___	___

Health History

Camper Name _____

Allergies List all known allergies including those involving medication, food, insect, asthma, hay fever and other allergies. Please describe reaction and management.

ALLERGY	REACTION AND MANAGEMENT
_____	_____
_____	_____
_____	_____

Medications Please list ALL medications (including over-the-counter or non prescription drugs) taken routinely. Keep medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Please be advised that all medications must be turned in to the Camp Health Care Provider prior to camper arrival.

NO Medications on a routine basis

Med #1 _____	Dosage _____	Specific times taken each day _____
Reason for taking: _____		
Med #2 _____	Dosage _____	Specific times taken each day _____
Reason for taking: _____		
Med #3 _____	Dosage _____	Specific times taken each day _____
Reason for taking: _____		

Session Rates / Sliding Fee Schedule

Child	1 Session	2-4 Sessions	5-8 Sessions	9-12 Sessions
1st	\$155	\$130	\$105	\$80
2nd	\$150	\$125	\$100	\$75
3rd	\$145	\$120	\$95	\$70
4th	\$140	\$115	\$90	\$65

Extended care rates per day

- 7:00-8:30 am — \$5 (includes breakfast)
- 4:30-6:00 pm — \$3

Campers using extended care must be dropped off and picked up at the camp.

Criteria for receiving scholarships/discounts:

- Must register for multiple camp weeks with initial registrations in order to receive discount.
- \$25 deposit per week of camp per child must accompany registration.
- Attending 1 or more weeks of residential camps (in addition to Day Camp) at Twinlow may be included in the total number of camp weeks so that the Day Camp discount may apply for that child.
- Children registered must be from one family unit only (does not include cousins, friends, etc.)

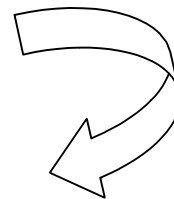
Idaho Child Care Program:

ICCP helps low income families pay for child care and is for parents who work or attend school.

- I am enrolling with ICCP for Twinlow Day Camp.
- I would like more information about enrolling with ICCP.

The above information must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. KEEP A COPY OF THE COMPLETED FORM FOR YOUR RECORDS. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp.

Mailing Information



Make checks payable to:
Twinlow Camp

Mail completed forms with \$50 non-refundable deposit to:
Twinlow Camp
22787 N. Twinlow Rd.
Rathdrum, ID 83858

FAX 208-687-2768

Camper Name _____

About My Camper

Please feel free to use additional paper, if needed.

Dear Parents,

For your camper to have a quality experience, please answer the following. Information is helpful as we minister to your camper. Thank you for allowing us to help your child experience God's love in the special camp community. Be aware this information is confidential.

Please check all of the terms that you feel apply to your camper's general personality and their interaction with friends and peers.

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Cautious | <input type="checkbox"/> Ambitious | <input type="checkbox"/> Bossy |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Touchy | <input type="checkbox"/> Sloppy |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Nervous | <input type="checkbox"/> Excitable |
| <input type="checkbox"/> Follower | <input type="checkbox"/> Lazy | <input type="checkbox"/> Even Tempered |
| <input type="checkbox"/> Has a temper | <input type="checkbox"/> Loner | <input type="checkbox"/> Highly competitive |
| <input type="checkbox"/> Chatty | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Meticulous | <input type="checkbox"/> Hide emotions |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Moody | <input type="checkbox"/> Whiny |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Likeable |
| <input type="checkbox"/> Sense of humor | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Rowdy |
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Procrastinator |
| <input type="checkbox"/> Territorial | <input type="checkbox"/> "Nerdy" | <input type="checkbox"/> Easily frustrated |

Briefly describe:

Has your camper been on, or just recently been taken off any behavior assisting drugs (ex. Ritalin, Prozac) that may affect, alter, or disturb their moods, attention span or behavior while at camp? Please explain.

Does your camper have any particular sensitivity or emotional issues? Have there been any recent deaths, divorces, separations, or traumas that your camper has had to adjust to, that may affect their behavior while at camp?

Has your camper had any serious pattern of behavior at school or another event in the past 3 years that could possible create problems while at camp?

Camper's Covenant

As a participant in the indicated camp, I, the undersigned, will cooperate with the leaders of the camp. I will involve myself with camp activities offered. I will not bring any type of weapons, or use any alcohol, tobacco, or drugs (except for prescribed medical purposes). I will act and speak in ways consistent with Christian values.

Camper's Signature: _____

Special Needs/Restrictions:

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) and provide any information that will enable us to create a healthy, helpful environment for the camper. Please include: recent injuries or illnesses, medical conditions requiring treatment, behavioral/learning challenges and suggested disciplines, emotional needs/concerns, hearing impairments, visual impairments, special routines. (Attach additional page, if necessary.) Include dietary restrictions other than allergies mentioned above.

Authorization/Permission:

Is your child allowed to participate in swimming lessons when provided?

Yes No

Is your child allowed to go tubing behind the motor boat?

Yes No

Is your child allowed to participate in field trips during the day?

Yes No