



Camp Metigoshe Day Camp Registration Form



CAMPER INFORMATION (ONE FORM FOR EACH CHILD ATTENDING)

First and Last Name		Office Use Only: <input type="checkbox"/> 1 st Child in Family <input type="checkbox"/> 2 nd Child <input type="checkbox"/> 3 rd Child <input type="checkbox"/> 4 th Child <input type="checkbox"/> 5 th Child <input type="checkbox"/> 6 th Child
Grade Entering Next Fall		
Date of Birth (Month/Date/Year)		
Age		
Gender		

PARENT AND EMERGENCY CONTACT INFORMATION

Parent(s) First and Last Name(s)		Church Name/Location: Attendance: For each day, mark in the morning if camper is present. <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Mailing Address City, State, Zip		
Home Phone		
Cell Phone		
E-mail Address		
Emergency Contact Name if Parent/Guardian unavailable		
Phone of Emergency Contact		

HEALTH HISTORY AND MEDICAL INFORMATION

Medications: Please list any routine daily medications camp staff will have to administer during day camp including dosage and directions			
Allergies: Food/Medications/Insects/Other			
Dietary Concerns/Restrictions			
Physical Activities Encouraged and or Restricted			
Date of Last Tetanus Shot (Mo/Yr)		Camper up-to-date on shots	Yes No

PARENTAL/GUARDIAN'S SIGNATURE TO THE FOLLOWING IS REQUIRED

I attest that the health history and medical information are correct to the best of my knowledge. The person herein described has permission to engage in all prescribed day camp activities, except as noted by me. I agree that Metigoshe Ministries and/or its personnel will not be held responsible for accidents or personal injury arising there from. I give permission for camp staff to provide basic first-aid for minor bumps and bruises including over-the-counter medications according to label instructions, with any specific concerns regarding this noted on this form.

EMERGENCY AUTHORIZATION: I recognize that I will be called, followed by the emergency contact if I am not available, in the event of an emergency. In the event I or the emergency contact cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to order X-rays, perform routine test, and treat my child as well as give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and order injection and/or anesthesia and/or surgery for my child named herein. I give my approval to photocopy this form for use at day camp.

I HAVE read and agree to the Metigoshe Ministries Terms and Conditions, found at: <https://metigosheministries.com/terms-and-conditions>.

Parent/Guardian Signature	
Date	