

ANGLICAN LIFE ADVENTURE CAMP

HEALTH FORM

Please PRINT or TYPE

Page 1 of 4 (Page 2 is on the back of this form)

Camper's FULL NAME _____ Date of Birth _____

Social Security Number if available _____

Name to be called _____ Girl _____ Boy _____

Name and phone number of camper's personal doctor :

Name: _____ Phone Number () _____

Does the camper have now or has the camper ever had any of these problems? **(Circle all that apply)**

Heart disease Asthma Polio Diabetes Epilepsy Allergies Personality Disorder Bed Wetting Sleep Walking

Other _____

Please explain any past or present medical conditions _____

Explain any current medical conditions and list allergies (Including any allergies to food)

When was the camper's last tetanus shot? Date _____

Does the camper socialize easily? _____ Please explain. _____

Can camper participate in athletics? _____ Any handicaps? If so please explain: _____

Does camper know how to swim? _____ In deep water for over 3 minutes? _____

List anything that may restrict this camper's participation in normal camp activities: _____

Will medicine be brought to camp? _____ **If so, you must complete the attached form and**

include it with this registration. All medicine must be given to camp nurse at check-in !!

Person to contact in emergency: _____

Relation to camper _____

Day phone: () _____ *Night phone* () _____

Cell phone () _____ *Pager* () _____

ANGLICAN LIFE ADVENTURE CAMP

MEDICAL AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF CARE

We, _____

the undersigned parents and/or legal guardians of

_____ ,

do hereby extend authorization and permission for Anglican Life Adventure Camp and its directors to authorize such medical care facilities and physicians to treat our child as is deemed medically necessary. This authorization and permission for the administration of care shall grant unto the above named person(s) the right to decide and approve medical care procedures and treatments as are deemed in their judgement to be appropriate for the health and well-being of our child.

This authorization and permission for administration of care shall begin on the 19th day of June, 2010, and shall terminate and be of no force and effect as of the 28th day of June, 2010.

Dated this _____ day of _____, 2010

Father or Legal Guardian

Mother or Legal Guardian

State of _____

County of _____

NOTARY

This document was acknowledged before me this _____ day of _____, 2010 by _____ and _____, who are personally known to me or produced identification (drivers license) and signed the above document in my presence, and I have hereto affixed my seal.

_____ Seal:

Notary Public

My commission expires : _____

ANGLICAN LIFE ADVENTURE CAMP

MEDICINE FORM

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for

This form was completed by: _____

Relationship to camper: _____

Phone Number _____

Date _____

List Medicines plus frequency and amount to be given:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

The camp insurance will be the primary insurance except for athletic injuries. We therefore need a copy (front and back) of the child's insurance card which will be used as secondary insurance or for an athletic injury. Please be sure that the policy number and the toll free phone number are legible. Please make the copy or attach the copy to the back of this form.

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PRIMARY INSURANCE: Church Mutual Insurance Phone # 1-800-554-2642

St. Michael's Anglican Church Policy #0139247-21-912710

SECONDARY INSURANCE OR FOR ATHLETIC INJURIES:

CAMPER'S INSURANCE CARD: (Please copy the front and back of the card in the space below)

ANGLICAN LIFE ADVENTURE CAMP

REGISTRATION FORM

**FINAL REGISTRATION DEADLINE : JUNE 1, 2010 (OR WHENEVER THE CAMP IS FULL)
DEADLINE FOR EARLY REGISTRATION FEE: May 15, 2010**

Please PRINT or TYPE:

Camper's Name: _____

Name or nickname to be called: _____ Girl _____ Boy _____

Address: _____

City _____ State _____ Zip _____

Birth date: _____ Age: _____ School grade this fall: _____

Home Parish: _____ City: _____ State _____

Rector: _____ Phone # _____ Baptized? _____ Confirmed? _____

Parent or Guardian Names: _____

Home phone: _____ Work phone _____ Cell phone _____

CAMP DATES: JUNE 20th - JUNE 26thAges 8 - 15 years*

(* Campers who have been to **our** camp before may be 16)

The Early Registration fee is \$300 if you register by May 15th.

Registrations received after May 15th are **\$375.**

Final Registration deadline is June 1st.

A \$100.00 registration fee (part of total fee) must be sent with this form. The balance may be paid in installments however the total fee must be received by June 10, 2010. All but \$50.00 is refundable up to June 1st. The camp fee includes room and board, t-shirt, supplies and tubing expenses.

*****Camper's T-shirt size :** Adult _____ or Child _____ (most want larger than normal size).

*****Please include with this registration:** one small pocket size photograph of the camper with their name written on the back. **Color pictures are best and color school pictures are great!**

Please read before signing: I understand Anglican Week Summer Camp offers a Christ-centered program and I will govern my conduct and dress by the teachings of Jesus. I will cooperate fully with the camp leaders for a safe, happy and meaningful experience. I understand and agree to all camp policies.

Camper's Signature _____ **Date:** _____

Parent's Signature _____ **Date:** _____

Mail this registration, completed health forms, deposit and pictures to:

Fr. Rich Bakley, St. Michael's Anglican Church ,
2211 Margaret Wallace Rd., Matthews, NC 28105