

2019 Potomac Highlands District Church Camp
Held at: Camp Horseshoe, Tucker County
June 23 - 28, 2019

(Registration Form Must Be Completed for Each Camper-**Due-Saturday, June 1st, sooner if possible**)

Camper's Name _____ Birth Date _____
Last First MI

Address _____ Gender: Male Female

City _____ State _____ Zip _____ Grade in the Fall _____ County: _____

T-shirt size-(Circle one) Kids: S M L Adults: S M L XL XXL

Church Attended (if any) _____

Parents/Guardian's Name _____

Home phone _____ Cell phone _____ Work phone _____

Address (if different than above) _____

If Parent Not Available, In Emergency Notify: _____ relationship to camper _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

If the camper needs financial assistance **and IS affiliated** with one of the United Methodist Churches in the Tucker Parish please return this application form to your **pastor and/or Church**. Churches will then send their monetary gifts with the completed application to the camp director.

No Child Left Behind: If the camper needs financial assistance **and IS NOT affiliated** with one of the United Methodist Churches in the Tucker Parish, please return the form to the address below. The Tucker Parish has funds available to assist campers. Someone from the Parish will contact you to discuss what is available.

Mail Forms and Payment to:

Sandy Shaffer, Camp Director Phone - 304-478-4556
283 Settlement Lane e-mail - shaffertca@gmail.com
Parsons WV 26287

Make Checks Payable to - Tucker Co. U.M. Cooperative Parish

Medical Information:

Does Camper Have Any Known Allergies? Yes _____ No _____ (if yes, please list and describe below),

Medications: _____

Food: _____

Other: _____

Health History (Check any that apply):

____ Epilepsy or Seizures ____ Bed Wetting ____ Attention Deficit Disorder
____ Diabetes ____ Headaches ____ Asthma
____ Alcohol/Drug Addiction ____ Other _____

Is the camper current on all immunizations needed for school? Yes _____ No _____

Date of last tetanus shot: _____

Does the camper have a health condition (e.g. allergies, chronic conditions) or special circumstances which may affect program participation, special housing need, or anything we need to know prior to emergency treatment? Yes _____ No _____

If yes, please explain _____

(please **continue on back**)

Please list ALL medications including over-the-counter or nonprescription drugs taken routinely. Bring enough medication to last the entire duration of camp. Keep in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and the frequency of administration.

Med. #1 _____ Dosage _____ Specific times taken each day _____
Med. #2 _____ Dosage _____ Specific times taken each day _____
Med. #3 _____ Dosage _____ Specific times taken each day _____

(Attach additional page for more medications)

I, the parent/guardian _____ of _____ give my permission to the
(please sign) (please print child's name)
Church camp director or his/her designate to give the following medications (or their equivalents) to my child, in accordance with recommended package dosing for the specific indications below. These medications are available at camp and need not be brought by participants.

Yes No
____ ____ **Tylenol**, mild fever or discomforts
____ ____ **Throat Lozenges**, cough/sore throat
____ ____ **Benadryl**, allergy symptoms

Yes No
____ ____ **Ibuprofen**, mild fever or discomforts
____ ____ **Topical Creams**, itching, sunburn, or insect bites

Swimming Release:

My Child: _____

____ Has my permission. ____ Does not have my permission to go swimming.

Swimmer ability: ____ Cannot swim ____ Beginner ____ Intermediate ____ Expert

Insurance/Medical Information:

Insurance Carrier: _____

Policy Number: _____ Carrier Phone Number: _____

Policy Holder's Name: _____ Relationship to Child _____

Doctor's Name: _____ Phone number _____

Address: _____ Pager/Emergency _____

City: _____ State: _____ Zip: _____

I, _____ give permission for my minor child, _____
(please print) (please print)

to attend and participate in the Potomac Highlands District United Methodist Church Camp. I am aware of the risk that may be involved. i.e. physical injury, broken bones, sprained ligaments, etc. and I do hereby release, acquit, and discharge, and by these presents do hereby forever release, acquit, and discharge and indemnify the Potomac Highlands District United Methodist Church Camp, its agents, employees, and volunteers, and all other person whatsoever, of and from any accidents, liability, claims, actions, caused of action, controversies, damages or demands, of every kind and character, including losses, costs and expenses, including attorney fees, in any manner arising directly or indirectly, from any and all damages that may be incurred by minor child while attending and participating in the activities of the Potomac Highlands District United Methodist Church Camp, and I am assuming any risk involved concerning the same. I hereby give permission to the medical personnel selected by the church camp director (or in their absence, the Ohio-West Virginia Youth Leadership Association) to seek emergency medical treatment including ordering x-rays, routine test, and any emergency treatment required, including hospitalization, for my child. I give permission to the camp to arrange necessary related transportation for my child. I agree to the release of any records necessary for insurance purposes.

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____