**2024 Freedom Fellowship Church Camp Registration Form**

**FORM, and MONEY DUE May 5, 2024**

**$20 late fee for any forms turned into Katelyn Stewart or Cassandra Price after the due date**

**Cell phones will be turned into the camp counselors at the beginning of camp and kept in a safe place. Campers will be allowed to call home, if necessary, at the discretion of the camp staff.**

**Camp Date: June 17-21,2024**

**Cost: $80** for campers and counselors (If you are just visiting and wish to eat with us, please pay $10 per day for your meals thank you**)**

**Desired position at camp (please circle):**

**Camper Jr Camper**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy/Girl

First Last M.I. Name you like to be called

Age at camp time\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note the camper should be at least **10 years of age** unless arrangements have been made with camp directors.

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ (day time)

Emergency Phone (if number above is unable to be reached)

Name/Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that the people listed above are the ones to contact if your child needs to come home or is crying to come home. **It will be your responsibility to pick your child up under these circumstances.**

Church you are coming to camp with? (Please circle one)

Freedom Fellowship Honey Creek Belmont CTKWC Fairview Paradise

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**HEALTH INFO**

**This form must be COMPLETELY filled out by parent/guardian**

Should the need arise, camper may be given

**Acetaminophen (Tylenol, etc.)** YES / NO **Benadryl** YES / NO

**Ibuprofen (Motrin, Advil, etc.)** YES / NO **Tums, Pepto-Bismol, etc.** YES / NO

**Laxative, Stool Softener** YES / NO

Family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr’s phone (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_

Any medical treatment the camper is currently under: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medications currently taken on a regular basis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any physical condition requiring special consideration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List ***ANY*** allergies of camper (please include food and medication): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the camper susceptible to nose bleeds, sleep walking, bed-wetting, etc? If so, please state below \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All medications prescription or over the counter must be in original containers and placed in a Ziploc bag with camper’s name on it. Include an index card with child’s name, medication, and administration/dosage on it.

**ALL MEDICATIONS WILL BE TURNED IN TO CAMP NURSE UPON ARIVAL TO CAMP! (Including Tylenol, ibuprofen etc. Campers under the age of 18 will not be permitted to have medications in their possession. The only exception would be rescue inhalers, epi-pen etc.)**

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

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**Parent’s insurance info:** (please attach a copy of your insurance card to form. The copies will be shredded after camp.) If you do not have insurance please put N/A in the blanks that apply.

Insurance company­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and/or phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size**

Please circle **ONLY** **1** option

Youth size: XSm Sm Med Lg XL

Adult size: Sm Med Lg XL 2XL 3XL 4XL 5XL

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 **Important Signatures**

**I give my permission for my child \_\_\_\_\_\_\_\_\_\_\_, to attend Freedom Fellowship Church Camp 2024.**

**Parent/Guardian Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**

If any emergency should arise and the parent or guardian is unable to be reached and the camper must be taken to the hospital for treatment, your signature below would give permission for treatment.

**Parent/Guardian Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_** (Please notify us of any change in above information before camp)

I give permission for Freedom Fellowship Church Camp to use an publish my child’s photograph for educational and promotion purposes without compensation, such as social media and presentations. Please check 1 option and sign below.

\_\_\_\_I give permission \_\_\_\_\_I do not give my permission

**Parent/Guardian Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**

Please return this form and your $80 registration fee to Katelyn Stewart or Cassandra Price or by mail 9541 Morral Kirkpatrick Rd E. Galion, OH. 44833

For further information call Katelyn at (740) 262-7469 or Cassandra at (419) 834-3304

Make checks payable to Freedom Fellowship Church Camp

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