

# 2010 Children's/Youth Summer Camp Registration Form

Male  Female Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Grade in Fall 2010 \_\_\_\_\_ Date of Birth: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_\_

T-shirt size  YM  YL  S  M  L  XL  XXL

Name of camp attending  Primary  Middler  Pre-Teen  Jr. High  Sr. High  
Roommate Request \_\_\_\_\_

Home Address \_\_\_\_\_

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

Parent/Guardian: Full Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Dad's Work ( \_\_\_\_\_ )

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Mom's Work ( \_\_\_\_\_ )

If parent/ legal guardian not available in case of emergency, please contact

Daytime Contact \_\_\_\_\_ Phone ( \_\_\_\_\_ )

Night Time Contact \_\_\_\_\_ Phone ( \_\_\_\_\_ )

I hereby authorize the following additional person(s) to pick up my child from camp

1. \_\_\_\_\_ 2. \_\_\_\_\_

Church currently attending \_\_\_\_\_

## Camp Cost

Primary Camp \$125 Middler Camp \$195 Pre-teen Camp \$195 NYI Camps \$195  
Camp fee \$ \_\_\_\_\_ / Amount paid by Church \$ \_\_\_\_\_ + Amount paid by parent \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Registration Deadline June 1, 2010

[All registrations postmarked after 6/1/10 will be charged a \$25 late fee.]

**FILL OUT MEDICAL INFORMATION  
ON REVERSE SIDE**



**Mail Registration and Non-Refundable Payment in Full to :**

**Water's Edge Camp  
4171 Woodland Dr. Howell, MI 48855  
(517) 546-9683**

# Medical Information

Please fill out all information on each line and do not write "same as other side." These forms will be separated prior to registration and the proper medical information is vital to ensuring the health and safety of all Water's Edge Summer Camp campers.

Male  Female      DOB: M\_\_\_\_ D\_\_\_\_ Y\_\_\_\_

Name of Camp Attending \_\_\_\_\_

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent/Legal Guardian: Full Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home #(\_\_\_\_\_) \_\_\_\_\_ Dad's Work#(\_\_\_\_\_) \_\_\_\_\_

Cell#(\_\_\_\_\_) \_\_\_\_\_ Mom's Work#(\_\_\_\_\_) \_\_\_\_\_

Physicians name and phone number \_\_\_\_\_

*If parent/legal guardian is not available in case of emergency contact:*

Daytime \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Night time \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Name of Policy Subscriber \_\_\_\_\_ Contract # \_\_\_\_\_

- Overall Good Health  Recent illness/ injury  Chronic illness  Contagious disease  
 Convulsive Disorder  Other Behavioral or Medical concerns (list inside box)

Immunizations: (check if current)

- Diphtheria  Hep B  Polio  Whooping Cough  M/M/R

Date of last Tetanus Booster \_\_\_\_\_

Medications: Name/ Dosage/ When Administered

(ALL medications must be in original container and turned in to Health Officer upon arrival at camp.)

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

I authorize the Water's Edge Summer Camp Health Officer to render necessary routine first aid and medical care as required. In the event of an emergency, I give permission to the licensed physician chosen by the Water's Edge Camp to hospitalize, secure treatment, anesthesia, or surgery for the camper named on this form. I also give permission for the use of photographs and/or video including my son or daughter to be used in camp publicity.

SIGNATURE REQUIRED \_\_\_\_\_

**Mail Registration and Non-Refundable Payment in Full to :**

**Water's Edge Camp**  
**4171 Woodland Dr. Howell, MI 48855**  
**(517) 546-9683**