

Mail completed form with 50% of the camp fee to: Stronghold, P.O. Box 199, Oregon, IL 61061
Registration gives Stronghold permission to provide transportation and to use registrant's image in publicity materials (photos, videos, quotes, stronghold website) unless you indicate otherwise.

Final Payment is due 2 weeks before your camp begins

GRANDCAMP REGISTRATION FORM (Grandparent)

Only ONE camper registration per form, photocopy this form or download more forms at www.strongholdcenter.org

please PRINT clearly

First Name _____ Last Name _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Email Address _____ This is my _____ (#) year at camp

Birthdate ____/____/____ Age _____ Sex _____ Number attending in family _____

Grandchild's Name(s) _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Name of Church _____ Denomination _____ City _____

I/We chose Stronghold because _____

T-Shirt Size (circle ONE only) Youth: M L Adult: S M L XL XXL

Payment Method: check enclosed \$ _____
_____ VISA _____ Mastercard Credit Card # _____ Expiration date _____

For Office Use Only:			
Date Received _____	Check # _____	Amount Paid \$ _____	Balance Due \$ _____
Amount Paid by:	Family/Guardian \$ _____	Church \$ _____	
Date Received _____	Check # _____	Amount Paid \$ _____	Balance Due \$ _____
Amount Paid by:	Family/ Guardian \$ _____	Church \$ _____	

HEALTH HISTORY

Any changes to this form **MUST** be provided upon participant's arrival at camp.

Insurance Information

Is the camper covered by family medical/hospital insurance? YES _____ NO _____
A photocopy of your insurance card is **required**

Carrier: _____ Policy/Group # _____

Name of Insured _____

Relationship to Camper (if covered by another's policy) _____

continued on next page

Medications

Please list ALL medications (prescription and over-the-counter) taken routinely. Bring enough medication to last the entire time at camp. Keep all medication in its original container with correct dosage and frequency information from the doctor. Medication may be presented to the camp nurse at registration or kept. If kept, Stronghold is not responsible for lost medication.

*Updates can be made during registration

<input type="checkbox"/> I take NO medication on a routine basis
<input type="checkbox"/> I take medications as follows:
Med # 1 _____ Dosage _____ Times Taken _____
Reason for taking _____
Med # 2 _____ Dosage _____ Times Taken _____
Reason for taking _____
Attach additional pages for more medications

ALLERGIES – List all known

Medication allergies _____

Food allergies _____

Other allergies (insect bites, hay fever, etc.) _____

Describe reaction and management of the reaction _____

HEALTH HISTORY (Please check if yes) Has/does the camper:

- | | | |
|---|---|---|
| <input type="checkbox"/> Have a chronic/recurring illness or condition? | <input type="checkbox"/> Ever been hospitalized? | <input type="checkbox"/> Have problems with sleepwalking? |
| <input type="checkbox"/> Ever had surgery? | <input type="checkbox"/> Have frequent headaches? | <input type="checkbox"/> If female, have an abnormal menstrual history? |
| <input type="checkbox"/> Ever had a head injury? | <input type="checkbox"/> Wear glasses or contact lenses? | <input type="checkbox"/> Ever had an eating disorder? |
| <input type="checkbox"/> Ever had frequent ear infections? | <input type="checkbox"/> Ever passed out during exercise? | <input type="checkbox"/> Need any restrictions to camp activities? |
| <input type="checkbox"/> Ever had seizures? | <input type="checkbox"/> Have heart disease or defect? | |
| <input type="checkbox"/> Had mononucleosis in the Past 12 months? | <input type="checkbox"/> Have diabetes? | |
| | <input type="checkbox"/> Have a history of bed-wetting? | |
| | <input type="checkbox"/> High blood pressure? | |

Please explain any "yes" answers including dates _____

Please provide any additional information about the camper's behavior and physical, emotional, or mental health about which which would help us to better understand and care for the camper _____

Physician Info.

Your physician's name _____ Office Phone _____

This REGISTRATION FORM is so far as I know and by registering the camper named on this application, I hereby give permission to engage in all camp activities, and by signing this give Stronghold permission to provide transportation and to use registrant's image in publicity materials (photos, videos, quotes, stronghold website) unless I attach a separate page to this application which indicates any exceptions:

I hereby give permission to Stronghold Camp to order x-rays, routine test, treatment; to release any records necessary for insurance purposed; and to provide or arrange necessary related transportation. In an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person registered above.

I hereby give permission to the Stronghold staff to dispense my prescription medication

I hereby give permission to Stronghold staff to share and exchange medical information with the following:

The Camp Counselors and Camp Director.

The emergency contact person listed on this form, if I cannot be reached

The emergency first responders and to the receiving hospital/physician

SIGNATURE (*signature indicates information has been read*) _____

PRINTED NAME _____ DATE _____