

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

2009 REGISTRATION FORM

Only ONE camper per registration 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 _____ Grade completed by June 2009 _____

Roommate Request Name _____ (One will be honored when possible)

* Custodial Parent/Guardian (to be used as primary contact) _____

Relationship to Camper _____ Phone _____ Alt. Phone _____

* Secondary Contact (if primary is unavailable) _____ Relationship to Camper _____

Phone _____ Alt. Phone _____

Name of Church _____ Denomination _____ City _____

I/We chose Stronghold because _____

First Choice Camp _____ Start Date _____ End Date _____ Fee \$ _____

Second Choice Camp _____ Start Date _____ End Date _____ Fee \$ _____

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 \$ _____
Date Received _____	Check # _____	Amount Paid \$ _____	Balance Due \$ _____

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 _____

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. Present ALL medication to the camp nurse at registration.

*Updates can be made during registration

_____ This camper takes NO medication on a routine basis

_____ This camper takes 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

_____ Medications taken during the school year only: _____

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:

___ Have a chronic/recurring illness or condition?

___ Ever had surgery?

___ Ever had a head injury?

___ Ever had frequent ear infections?

___ Ever had seizures?

___ Had mononucleosis in the Past 12 months?

___ Ever been hospitalized?

___ Have frequent headaches?

___ Wear glasses or contact lenses?

___ Ever passed out during exercise?

___ Have heart disease or defect?

___ Have diabetes?

___ Have a history of bed-wetting?

___ Have problems with sleepwalking?

___ If female, have an abnormal menstrual history?

___ Ever had an eating disorder?

___ Need any restrictions to camp activities?

Please explain any "yes" answers including dates _____

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

IMMUNIZATIONS

You MUST provide a photocopy of the camper's immunization record. Please attach to this form.

Your physician's name _____ Office Phone _____

This REGISTRATION FORM is correct so far as I know and by registering the camper named on this application, I hereby give permission for him/her to fully participate in all camp activities as well as leave Stronghold grounds, accompanied by authorized camp personnel, for approved out-of-camp activities; to be transported in camp-approved vehicles driven by camp-approved drivers for camp approved activities unless I attach a separate page to this application which prohibits my child from participating in a specified activity.

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 for my child. In the event I cannot be reached 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 child's prescription medication

I hereby give permission to Stronghold staff to share and exchange medical information about my child with the following: The Camp Counselor and Camp Director for my child.

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

The emergency first responders and to the receiving hospital/physician

SIGNATURE of Parent/Guardian (*signature indicates information has been read*) _____

PRINTED NAME _____ DATE _____