

2010 CAMP AMIGOS REGISTRATION FORM

CAMP DATE - JUNE 21 - 25, 2010

Make checks payable to:
"CAMP AMIGOS"
19136 Tomlinson Rd
Westfield, IN 46074

Please return COMPLETED AND SIGNED REGISTRATION WITH PAYMENT--- ASAP!

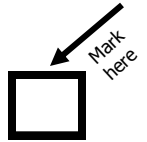
(\$210.00 per camper) is the Actual Registration cost
Early Bird Discount - Before June 11th - \$170.00
After June 11th - \$185.00
For Financial Questions see our Website @
Www.thechurchofpraise.org (click on Ministries)

Camper Bucks

Returning camper will qualify for \$ 5.00 in Camper Bucks

If you bring a new friend

That has not been to camp before!



We will be leaving from the Church of Praise parking lot at 18686 Eagletown Rd, Westfield, In. We ask that all campers use camp provided transportation. All other arrangements must be pre-approved.

(PLEASE PRINT)

CAMPER INFORMATION

NAME _____ GIRL _____ BOY _____ AGE _____ GRADE ENTERING _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Email address _____

HOME PHONE _____ WORK# (s) _____

PARENTS NAMES _____ PHONE# (s) _____

PARENT/GUARDIAN WHERE EMPLOYED _____ PHONE _____

CHURCH ATTENDING _____ PASTOR _____

CHURCH ADDRESS _____

EMERGENCY MEDICAL INFORMATION

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

NAME _____ PHONE _____

NAME _____ PHONE _____

DOCTOR'S NAME _____ PHONE _____

HEALTH & ACCIDENT INSURANCE COMPANY _____ POLICY # _____

MEDICAL HISTORY

BEE STING SENSITIVITY NO YES MILD - - - - SEVERE _____
(1 2 3 4 5) rating MEDICATION _____

ALLERGIES / ASTHMA _____ MEDICATION _____

HEART CONDITION _____ MEDICATION _____

DIABETES MELLITUS _____ MEDICATION _____

CONVULSIVE SEIZURES _____ MEDICATION _____

Please describe any other medical condition or current treatment necessary with any illness, disease or physical condition that would need special consideration by the camp.

VIDEO AND PICTURE RELEASE

Camp Amigos will be making short video presentations and taking photos during the week of camp in order to prepare a promotional presentation for the upcoming year. Upon signing the bottom of this page, you will be giving Camp Amigos staff permission to possibly video tape and photograph camp activities which may include your child. Any questions regarding this release, please contact us.

PERMISSION FOR MEDICATION

Dear Parent/ Guardian,

Occasionally your child/young person may unexpectedly need medication during a stay at camp. The camp nurse will maintain a limited supply of over the counter medications. Please note that no products containing aspirin will be dispensed. If your child needs to take a product containing aspirin, you will need to send an unopened bottle of this product to camp with a signed note authorizing the dispensing of this product.

Please clearly label the product with your child's name on the bottle.

Please complete the form below and by the signing of the bottom of this page you are authorizing your child to receive any of the medication listed below during camp. If you have any questions regarding to medications or any special conditions your child may have, please contact us.

<u>YES</u>	<u>NO</u>	<u>MEDICATION</u>	<u>DOSAGE</u>	<u>FREQUENCY</u>
_____	_____	TYLENOL 325 mg	2 tablets	Every 4 hours
_____	_____	TYLENOL 325 mg	1 tablet	Every 4 hours
_____	_____	COUGH DROPS	1 tablet	As needed
_____	_____	VISINE EYE DROPS	1/2 drops	As needed
_____	_____	MYLANTA	For upset stomach	As needed
_____	_____	CHLORASEPTIC THROAT SPRAY	For sore throat	As needed

Please describe any other medical condition or current treatment necessary with any illness, disease or physical injury or handicap that would need special consideration by the camp. Also list any current medication and dosage that your child is taking.

ALL PRESCRIPTION MEDICATIONS MUST BE TURNED IN TO THE CAMP NURSE AT CHECK-IN TIME.

WAIVER AND RELEASE

We, the parents/guardians, hereby grant permission for our child named above to attend Camp Amigos and to participate in all activities related to it. Beginning with approved bus transportation leaving the Church of Praise, Westfield, IN., including necessary stops in route to the Rivervale Campgrounds, Mitchell, Indiana. We are aware of the potential risk of injury to our child or our child's property in transit and during the activities of the Camp. In consideration of being allowed to participate in the Camp Amigos, we on behalf of the child as guardians, hereby assume all risks in the connection with said camp and activities and further release Camp Amigos, it's instructors, employees, agents, operators and all participants under the guide and direction of Camp Amigos from any injuries or damages which may befall our child while participating in the activities of Camp Amigos including all risks connected therewith, whether foreseen or unforeseen, and further to save and hold harmless Camp Amigos, Church of Praise and all persons aforementioned from any Claim by us or our family, estate, heirs or assigns arising out of the aforementioned participation.

We have fully informed ourselves of the contents of this affirmation and release by reading it before we signed it and further assert that we have taken the necessary steps with respect to named child and hereby assume all responsibility for said child's physical fitness and capability to perform the activities provided by Camp Amigos. We further grant to the directors and the nurse of Camp Amigos the authority to authorize medical treatment at any time. Medical treatment is to be the judgment of the nurse. Said medical treatment is necessary with any illness, disease or physical injury.

We, the parents/guardians also certify that we are covered by health and accident insurance or that we will provide any necessary coverage if needed.

SIGNATURE OF PARENT / GUARDIAN

DATE

SIGNATURE IF 18 YEARS OR OLDER

DATE


SIGN HERE