Camp Tipton 2017 Summer Day Camp Registration & Health Form

933 Walker School Road, Maryville, TN 37803 • Phone: 865-257-2288
Website: http://camptipton.com • Email: daycamp@camptipton.com

Camper's Full Name _____ Preferred or Nick Name _____
Birthdate (M/D/Y) ___/___/_____ Grade Completed_____ Gender [Circle One]: M or F
Shirt Size [Circle One]: (Youth) S M L (Adult) S M L XL
Parent(s)/Guardian(s)_____
Address_____ City _____State_____ Zip Code_____
E-mail address(es) _____
Phone Numbers: Home_____
Mom Work _____ Mom Cell_____
Dad Work_____ ___ Dad Cell_____

Can we text you about your camper? Y or N If yes, what number is best?_____

Emergency Contact Name_____*Please put someone beside primary contact*
Phone_____ Relationship to camper_____

Who is allowed to pick up your child from Summer Day Camp?
Name _____ Relationship to camper _____
Name _____ Relationship to camper _____
Name _____ Relationship to camper _____
**ID will be required upon pick-up*

Is your child related to a veteran? □Yes or □ No **If so, who?** _____
Do you have a church home? □ YES □ NO **Church Name**_____
What School does your child attend?_____

Which weeks of FUN will your child attend this summer? All Day Camps this summer are $100 per week

___ May 22–May 26: Creature Feature
___ **May 30–June 2** *Art Extravaganza**
___ **June 5- June 9** *Outdoor Adventures*
___ **June 12 - June 16** *Heroes Welcome*
___ **June 19 - June 23** *Escape to Space*
___ **June 26 - June 30** *Myth Busters*
___ **July 3 - July 7** *Camp H2O**
___ **July 10 - July 14** *World Travelers*
___ **July 17- July 21** *Past, Present, Future*
___ **July 24 – July 28** *Kitchen Chaos*

**Camp will be closed on May 29th for Memorial Day and July 4th for Independence Day.*

Field Trips are included and scheduled on Fridays unless otherwise noted.

Where will your camper be <u>dropped off</u>?	**Camp**	**FBCMaryville**	**BroadwayBap**	**FBCAlcoa**
Where will your camper be <u>picked up</u>?	**Camp**	**FBCMaryville**	**BroadwayBap**	**FBCAlcoa**

*****Your Camper will be dropped off/picked up at the location specified above every day. Any changes in location require a written and signed letter from a parent.***

Health Information

Family Physician_____Phone_____

Are your child's immunizations up to date? ☐**YES** ☐**NO**
Vaccination Dates: Tetanus_____ Polio Booster_____ Measles_____ Mumps_____

Does your child require any medications during camp hours? ☐**YES** ☐**NO** If yes, please provide complete dosage and frequency details for our staff on a separate piece of paper with parent or guardian signature. Attach it to the medications provided.

Is your child subject to:

___nosebleeds
___earache
___headache
___frequent colds
___abscessed ears
___upset stomach
___sore throat
___fainting
___sleepwalking
___bronchitis
___**other:**_____

Is your child medicated for ADD/ADHD? ☐**YES** ☐**NO** List the medications below that are being taken.

_____

_____

Does your child have asthma? ☐**YES** ☐**NO**

If yes, does your child require medication for their asthma? ☐**YES** ☐**NO**
What medications? _____

Allergies: Does your child have any allergies? ☐**YES** ☐**NO**
FOOD - _____
****If your camper has a food allergy, will they be bringing their own lunch daily?**_____
MEDICATIONS - _____
ENVIRONMENTAL - _____

Serious reactions to: ☐ **Poison Ivy** ☐ **Poison Oak** ☐ **Poison Sumac** ☐ **Bee Stings**

Does your child have any mental/psychological diagnoses? ☐**YES** ☐**NO** If yes, explain _____

_____

_____

Does your child have any health issues that affect physical activity/exertion? ☐YES ☐NO If yes, please explain: _____

_____

_____

Please list anything else you feel that we should know to better care for your child: _____

_____

_____

Insurance Information

Health Insurance Company_____
Address_____Phone_____
Policy #_____Group #_____

Parent/Guardian Release Agreement

Initial each one of the spaces and sign the bottom of the page.

_____I grant my permission for the above named person to participate in Camp Tipton Day Camps. I understand some recreational activities are off campus and involve some risk that could result in injury or death. These activities include but are not limited to swimming, water slides, caving, kayaking, climbing, repelling, and horseback riding. I have carefully considered the risk involved and agree to not hold Camp Tipton and/or its employees legally liable for any/all personal injury which could result from participation in these activities.

_____I give Camp Tipton permission to include photographic/video images of my child/dependent participating in camp activities in promotional materials including social media.

_____I accept all financial responsibility for the well-being of my child/dependent and authorize Camp Tipton to obtain medical attention for my child in case of sickness or injury. A copy of this form is valid as the original in the event of an accident, injury, or illness. My personal insurance or the sponsoring group's insurance will serve as the primary medical coverage provider. Camp insurance is secondary.

_____I verify that the above information is correct and hereby release Camp Tipton from any and all claims arising out of any damage, injury, death, or loss of property while participating in Camp Tipton activities.

Parent/Guardian Signature_____Date_____