SUMMER CAMP
REGISTRATION FORM

Camper First Name_____Last Name_____
Address_____ Phone_____
City_____ State_____ Zip_____
Parent email address_____ This is my _____(#) year at camp.
Birthdate ___/___/___ Age___ Sex___ Grade completed by June 2021_____

Primary Parent/Guardian Full Name_____
Relationship to Camper_____ Phone_____Alt.Phone_____
Secondary Contact_____ Relationship to Camper_____
Phone_____ Alt. Phone_____

Name of Family Church_____ City_____

CAMP ATTENDING_____

DISCOUNTS: Early Bird ($25) _____ Sibling ($25) _____ Friend ($25) _____
Maximum discount per camper is $50. **The first sibling does NOT receive the sibling discount**. If a sibling and a friend are both joining the camper they only receive one of the two discounts. The camper who has been to Camp Story before receives the Friend Discount, not the friend who is joining.

Sibiling(s) / Friend(s) Name
_____

Payment Method: check enclosed $_____ Paypal_____

HEALTH HISTORY
Any changes to this form <u>MUST</u> be provided upon participant's arrival at camp.

Insurance Information:
Is the camper covered by family medical/hospital/ insurance? YES_____ NO_____
Carrier_____ Policy/Group#_____
Name of Insured_____ Relationship to Camper_____
Phone_____

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?
- ☐ Need any restrictions to camp activities?
- ☐ Have problems with sleepwalking?
- ☐ If female, have an abnormal menstrual history?
- ☐ Ever had an eating disorder?

Please explain any "yes" answers including dates_____

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

ALLERGIES -- List all known
Medication allergies_____
Food allergies_____
Other allergies (insect bite, hay fever, etc.) _____
Describe reaction and management of the reaction
_____
_____

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 medical officer at camp check in.

**Updates can be made during camp check in

____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

The camper listed above has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director/dean to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; 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 director/dean to secure and administer treatment, including hospitalization, for the person named above. I also release Camp Story to use my/my child's photographs in future publications, social media and to be transported in vehicles for camp approved activities.

_____

Signature of Parent/Guardian **Date**

A $50.00 non-refundable deposit for each child is due with this form, and will be credited toward the total tuition due.
Please ask your local church if they can also assist your family with a partial scholarship toward this event.

PLEASE MAKE CHECKS PAYABLE TO: CAMP STORY COMMISSION-Mail this form or scan and email to the following:
Mailing Address: Attn: Camp Story Registration
2121 Colonial Drive
Sheridan, WY 82801
Email: director@campstory.org
Phone: 307.763.0919

For more information regarding camps/discounts please see our website www.CampStory.org or our camp brochure.

FINAL PAYMENT IS DUE 2 WEEKS BEFORE YOUR CAMP BEGINS