**CAMPER PLEDGE:**

I have read the camp rules posted on the website and will follow them. I understand that any infraction of the rules will result in disciplinary action, including sending me home, if necessary.

**SIGNATURE OF CAMPER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_(DATE)\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT INFORMATION**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(home)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)

**HEALTH & INSURANCE FORM**

***PRE-EXISTING MEDICAL CONDITIONS ARE NOT COVERED BY CAMP INSURANCE AND MUST BE COVERED BY PARENT / GAURDIAN’S POLICY!***

Camper’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_ Height\_\_\_\_\_ Weight\_\_\_\_\_ Sex\_\_\_\_\_

**Personal History**

 **Please list any chronic conditions (i.e. allergies, asthma, diabetes, heart conditions, seizures)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Are you up to date on your vaccines? (Please Circle, if no please write which ones you have not completed or had)**

 **YES NO**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are glasses worn?**  Yes No

**Any illnesses in the last two months?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject to:**

\_\_\_\_\_Frequent Colds \_\_\_\_\_Headaches

\_\_\_\_\_Cramps \_\_\_\_\_Night Terrors

\_\_\_\_\_Sleep Walking \_\_\_\_\_Sore Throats

\_\_\_\_\_Convulsions \_\_\_\_\_Nose Bleeds

\_\_\_\_\_Stomach aches \_\_\_\_\_Bed Wetting

\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies (to medicines) or special conditions to be watched for:**

**Emotional or behavioral disturbance;**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Operations or Injuries**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Any physical / emotional disorder** which will prevent camper from taking part in all of the camping program?

\_\_Yes \_\_\_No If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Health Insurance Info***

***PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insurance Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Send Claims to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**WAIVER, RELEASE & EMERGENCY FORM**

***NAME OF CAMPER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Having been made aware of the activities the camper will be doing. I hereby consent to the camper’s participation in Camp Joy. I voluntarily release and forever discharge CAMP JOY, INC. from any and all liability, claims, actions or rights of action which are in any way related to the camper’s participation at Camp Joy. I agree to indemnify and hold Camp Joy Inc. harmless from any and all costs or damages, including attorney fees, incurred in connection with the camper’s participation in the camping program.

In case of emergency, I understand that every effort will be made to contact parents or guardians of minor camp participants. However, if parents or guardians cannot be reached, or if I, the below signed camper am 18 years of age or older, I hereby give Camp Joy Inc.’s representative to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the camper’s health, safety and welfare. I release Camp Joy Inc. from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the camper’s participation in camp activities.

***CIRCLE THE ONE THAT APPLIES:******Parent / Guardian Over 18***

***SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***