

# Ithiel Falls Teen Camp Registration Form

Ithiel Falls Camp Meeting, P.O. Box 316, Johnson, VT 05656

## Camper Information

Applicant Name \_\_\_\_\_ M \_\_\_ F D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Applicants must be twelve or entering 7th grade)

Mailing Address:

\_\_\_\_\_  
 Street City State Zip Code

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Church:

\_\_\_\_\_  
 Church Name Town, State Pastor Name

### Emergency Contacts:

Contact	Relationship	Phone (Home)	Phone (Cell)
Contact	Relationship	Phone (Home)	Phone (Cell)

### Medical:

List any allergies that could affect/hinder camp life.

Is there information that the nurse should know about (previous injuries, dietary needs, etc)?

Date of last tetanus: \_\_\_\_\_

### Non-Prescription Medication Permission:

I grant permission for a camp designated adult to dispense the following non-prescription medications as necessary:

\_\_\_ Tylenol \_\_\_ Advil \_\_\_ Tums \_\_\_ Benadryl \_\_\_ Hydrocortisone \_\_\_ Poison Ivy Ointment

\_\_\_ No, I do not grant permission for the camp to dispense non prescription medication to my child.

Prescription Medication: If your child needs prescription medication please complete the **Prescription Medication Permission Form with a Doctor's Signature**. Bring the form to registration. All prescription medication will be administered by a designated adult on the grounds. Campers will not be allowed to keep their medication in the dorms.

There may be some exclusions to this policy if discussed with the designated adult.

### Insurance Information

PLEASE NOTE: Your child will not be allowed to participate in our camp unless your medical insurance provider and policy number is provided below.

Name of Insurance:

Policy Number:

I understand that Ithiel Falls Camp Meeting does not provide any accident or medical insurance for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy listed above. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. (PLEASE NOTE: Your child will not be allowed to participate in our camp unless your medical insurance provider and policy number is provided below. I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Ithiel Falls Camp Meeting, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

In case of an emergency, I hereby give my permission to the physician selected by the camp staff to secure proper treatment for my child including hospitalization, any injection, anesthesia or surgery. Every effort will be made to contact you.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

### Registration Fees

Early registration postmarked before **July 6th: \$180.**

This fee includes ALL activities. There will be a multi-sibling discounted fee of \$165 per student and only applies to early registrants.

After July 6th: Registration fee is \$225.00

**REGISTER EARLY!!!** Space is limited to the first 40 girls and 40 boys who apply, so send this completed registration form (one for each camper) with \$25.00 (nonrefundable, will be applied to the total fee).

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