

**Chesapeake Bay Mission Center Summer Camp 2011**

July 10-July 16 • Camp Shenandoah Springs

**COST: Register by June 1<sup>st</sup>-- \$250**

**PLEASE FILL OUT THE FORM COMPLETELY—PAYING ATTENTION TO  
REQUIRED INFORMATION—AND SIGN WHERE NEEDED**

Camp attending:     Junior Camp (Completed grades 3 - 5)  
                           Junior High (Completed grades 6 - 8)  
                           Senior High (Completed grades 9 – 12)

Registration status:     Camper     Counselor/CIT/Staff

**Please Mail Completed Registration  
no later than June 1, 2011 to:**

Sarah Steinberg  
2478 Keyway Rd  
Dundalk, MD 21222  
(443) 854-0562  
ssteinberg@cofchrist.org

Payment:

Payment is **enclosed** OR **will be forwarded at a later date.** (circle one)    Check #: \_\_\_\_\_  
Payment is (or will be) from:     Self     Congregation/Other (which/who? \_\_\_\_\_ )

**GENERAL INFORMATION:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: **Female** **Male**  
Birth Date: \_\_\_\_\_ Grade Completed as of July 1: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone Number: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Camper's E-mail: \_\_\_\_\_

Vegetarian? **Yes** **No**    T-shirt Size \_\_\_\_\_

Which congregation are you associated with?

Chester     Dundalk     Frederick     Hampton     Laurel     Martinsburg     Norfolk  
 Outer Banks     Power House     Springfield     Towson     Washington DC

**PARENTS/GUARDIANS:** (Applies only to those under 21 years of age.)

Adult #1 Name: \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_  
Work Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Adult #2 Name: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_  
Work Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**REQUIRED:** Persons allowed to pick up child from camp: \_\_\_\_\_  
Anyone NOT allowed to pick up child: \_\_\_\_\_

**EMERGENCY NOTIFICATION:** (Complete if different from Parent/Guardian information provided above.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**MEDICAL INFORMATION:** Please attach a copy of both sides of your health insurance card.

Allergy to foods, medications (if none, so state): \_\_\_\_\_  
Is applicant currently under a physician's care for any acute or chronic medical condition? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Does applicant carry *non-prescription* medications on their person? (If none, so state) \_\_\_\_\_  
Medication(s) and purpose: \_\_\_\_\_

Does applicant require *prescription* medications? (If none, so state) \_\_\_\_\_  
Medication(s) and purpose: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Hospital/Clinic of Choice (if applicable): \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Other Information: \_\_\_\_\_

**HEALTH INFORMATION:**

- Has applicant ever had any of the following? (Please check if yes and provide month and year of latest occurrence.)
 

<input type="checkbox"/> anemia_____	<input type="checkbox"/> appendicitis_____	<input type="checkbox"/> asthma_____	<input type="checkbox"/> bronchitis_____	<input type="checkbox"/> chicken pox_____
<input type="checkbox"/> diabetes_____	<input type="checkbox"/> epilepsy_____	<input type="checkbox"/> frequent colds_____	<input type="checkbox"/> heart trouble_____	<input type="checkbox"/> heart murmur_____
<input type="checkbox"/> HIV_____	<input type="checkbox"/> hepatitis_____	<input type="checkbox"/> kidney trouble_____	<input type="checkbox"/> measles_____	<input type="checkbox"/> mumps_____
<input type="checkbox"/> pneumonia_____	<input type="checkbox"/> rheumatic fever_____	<input type="checkbox"/> scarlet fever_____	<input type="checkbox"/> sinusitis_____	<input type="checkbox"/> sore throats_____
<input type="checkbox"/> tuberculosis_____	<input type="checkbox"/> whooping cough_____	<input type="checkbox"/> other_____	<input type="checkbox"/> fractures_____	

- Please list applicant's major operations or serious injuries (describe and give dates): \_\_\_\_\_

---

- Please list applicant's immunization dates for the following (or attach a copy of health card):  
 DPT\_\_\_\_\_ booster diphtheria\_\_\_\_\_ booster tetanus\_\_\_\_\_ smallpox\_\_\_\_\_ typhoid\_\_\_\_\_ tuberculin\_\_\_\_\_
   
measles\_\_\_\_\_ mumps\_\_\_\_\_ polio vaccine\_\_\_\_\_ other\_\_\_\_\_
- What contagious disease(s) has the applicant been exposed to recently? \_\_\_\_\_
- Please check any of the following conditions that apply to the applicant:  
 vision problems  hearing problems  hernia  fainting  diarrhea  constipation  sleep-walking  bedwetting  
 recent emotional upset — death of loved one, divorce of parents, please explain: \_\_\_\_\_

---

- Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the applicant's experience at event: \_\_\_\_\_

**PARENTAL/GUARDIAN AGREEMENT:**

I understand the rules under the Camper Agreement relating to no harmful substances and activities and that my camper may be required to leave the camp if these rules are not followed. I will be liable for any transportation required because of early dismissal. I also understand that my child is to behave in the manner set forth in the above statement.

**\*\*Parent/Guardian Signature\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*Applicant signs only if 21 years of age or older.

**Permission for Medical Treatment:** I, the parent, legal guardian, next of kin, or applicant (if 21 or older), hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment.

**\*\*Parent/Guardian Signature\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photo Release:** In consideration of the right of the applicant to participate in this camp, I give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I waive all right of privacy in and to any said photographs or videotapes. Pictures/videos may be published in various formats to include newsletters, magazines, church videos, and web pages.

**\*\*Parent/Guardian Signature\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**Activity Consent:** I specifically consent to the applicant's participation in activities offered by this camp, including but not limited to camping, boating, canoeing, swimming, hiking, service projects, and sporting events. I certify that the applicant has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the camper can swim). I specifically **DO NOT** want the applicant to participate in the following activities: (please list)

\_\_\_\_\_

**\*\*Parent/Guardian Signature\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**Liability Release:** The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for participating in this camp with the Chesapeake Bay Mission Center, Community of Christ Church, we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever, discharge, and agree to hold harmless the camp and the Community of Christ Church and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this camp. Furthermore, we (I) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Furthermore, authorization and permission is given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto. Both parents must sign unless parents are separated or divorced, in which case custodial parent signs.

**\*\*Parent/Guardian Signature\*\*** \_\_\_\_\_ **Date** \_\_\_\_\_