



2020 Congregational Day Camp Registration

CAMPER LAST NAME _____ FIRST _____

ADDRESS _____ TOWN _____ ZIP _____

TELEPHONE _____ GENDER _____

EMAIL ADDRESS _____ DATE OF BIRTH _____

CONGREGATION _____ TOWN _____

GRADE COMPLETING/COMPLETED IN 2020 _____

OFFICE USE
CHK# _____
AMT _____
REC'D _____

PARENT'S RESPONSIBILITY: I am interested in the policies, goals and programs of The Lutheran Camping Corporation of Central Pennsylvania. I hereby give my child permission to participate in the programs and activities of the camp he or she may attend. In the event hikes, field trips, or camping trips are planned away from camp as part of the camp program and under the direction on the camp administration, the above named camper has my permission to participate in such activities. Any photos or video recordings taken in which my child appears may be used for promotion free of any claims.

PARENT NAME _____ SIGNATURE OF PARENT _____

ADDRESS _____ PHONE _____

AMOUNT ENCLOSED \$ _____ AMOUNT TO BE PAID BY CONGREGATION \$ _____

PLEASE MAKE CHECK PAYABLE TO _____

PLEASE **DO NOT** SEND REGISTRATION TO NAWAKWA.

CODE OF CONDUCT FOR DAY CAMPERS

It is the goal of The Lutheran Camping Corporation that each child attending a day camp program will have an experience of Christian community in which the campers are safe and enabled to grow spiritually and socially. During a week of camp, in the course of activities, it is natural that there will be conflicts within cabin groups and between campers and their counselors. It is in resolving these conflicts, in the give and take of negotiation, that some of the most important lessons of the week are learned.

Occasionally, however, behavior on the part of a camper may become so disruptive as to require removal from a week of camp because conflicts cannot be resolved. Therefore, the following guidelines are presented for campers during their week of camp. Parents are encouraged to review these guidelines with their child.

While attending Confirmation Camp, I will:

1. use language appropriate for a Christian community.
2. respect the rights, privacy, and property of others.
3. respect the property and facilities of the camp.
4. wear appropriate clothes for activities as suggested by camp staff.
5. follow camp schedule (meals, lights out, etc.)
6. will not engage in any acts of physical, sexual, or verbal abuse.
7. abide by the rules and regulations of the camp.
8. not leave my cabin group without permission of the cabin counselor.
9. not bring alcohol or any prohibited substance to camp.
10. participate in all camp activities to the best of my ability.

In signing this section, I agree to abide by all regulations governing personal conduct and use of the camp property. I am aware that I am expected to cooperate and participate in camp activities. If I do not cooperate, or become a hindrance to the camp program, I understand that I may be sent home.

Camper Signature _____

Date _____



HEALTH HISTORY FORM
Congregational Day Camps

Dates of Camp Attendance _____

Name _____ Birthdate _____ Age at camp _____
Last First Middle

Home Address _____
Street Address City State Zip

Social security number of participant _____ Gender: _____

Custodial parent/guardian _____ Phone _____

Home address _____
(if different from above) Street Address City State Zip

Business address _____ Phone _____
Street Address City State Zip

Second parent or guardian or emergency contact _____

Address _____ Phone _____
Street Address City State Zip

Business address _____ Phone _____
Street Address City State Zip

If not available in an emergency, notify _____

Relationship _____ Phone _____

Address _____
Street Address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

► **Photocopy of front and back of health insurance card must be attached to this form.**

Important - These boxes must be complete for attendance

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health

information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed Name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer _____ Date _____

1. In the past month, have you experienced:
- | | |
|----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Discomfort | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Break in skin/skin problems | <input type="checkbox"/> Bone or ligament injury |
| <input type="checkbox"/> Illness within immediate family | <input type="checkbox"/> Temperature elevation |
| <input type="checkbox"/> Other _____ | |

If you checked any of the above, please explain.

2. Are you coming to camp with any pre-existing conditions? Yes No
If yes, please explain.

3. Are there any health or family circumstances we should be aware of? Yes No
If yes, please explain.

4. Please indicate permission to administer the following:
- | | | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Analgesics (Tylenol/Acetaminophen) | | |
| <input type="checkbox"/> Antihistamines/Decongestants (Sudafed, Benadryl, Chlortrimeton, Allerest) | | |
| <input type="checkbox"/> Antidiarrheal/nausea (PeptoBismol, Kaopectate, Immodium, Cola Syrup) | | |
| <input type="checkbox"/> Cold Symptoms (Robitussin, Dimetapp, mentholated lozenges) | | |
| <input type="checkbox"/> Topical Ointments | <input type="checkbox"/> Insect Bites | (Rhuligel, StingEase) |
| | <input type="checkbox"/> Sunburn | (Solarcaine, Rhulicream, aloe gel) |
| | <input type="checkbox"/> Poison Ivy/Oak | (Calamine Lotion, Rhuligel) |
| | <input type="checkbox"/> Abrasions | (soap and water, antibiotic ointment) |

It is the policy of the Lutheran Camping Corporation of Central Pennsylvania to obtain parental or guardian consent for the administration of non-prescription (OTC) medications to minors. All medications are given in accordance with manufacturer recommendations for camper's age, height and weight. Any symptoms that are persistent will be brought to the attention of the parent/guardian and a physician if necessary. Neither the Lutheran Camping Corporation of Central Pennsylvania nor its employees and staff are responsible for the untoward effects of nonprescription medications.

I give permission for the camper named below to receive non-prescription medication during their week at camp, as specified above, when it is deemed necessary by the camp nurse.

 Camper (under 18)

 Parent / Guardian / Adult Camper

 Date