

**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 2023 _____

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.

Sibling(s) / Friend(s) Name _____

Payment Method: check enclosed \$ _____ Paypal _____

HEALTH HISTORY

Any changes to this form MUST 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:

- | | | |
|---|--|---|
| <input type="checkbox"/> Have a chronic/recurring illness or condition? | <input type="checkbox"/> Ever been hospitalized? | <input type="checkbox"/> Have problems with sleepwalking? |
| <input type="checkbox"/> Ever had surgery? | <input type="checkbox"/> Have frequent headaches? | <input type="checkbox"/> If female, have an abnormal menstrual history? |
| <input type="checkbox"/> Ever had a head injury? | <input type="checkbox"/> Wear glasses or contact lenses? | <input type="checkbox"/> Ever had an eating disorder? |
| <input type="checkbox"/> Ever had frequent ear infections? | <input type="checkbox"/> Ever passed out during exercise? | |
| <input type="checkbox"/> Ever had seizures? | <input type="checkbox"/> Have heart disease or defect? | |
| <input type="checkbox"/> Had mononucleosis in the past 12 months? | <input type="checkbox"/> Have diabetes? | |
| | <input type="checkbox"/> Have a history of bed-wetting? | |
| | <input type="checkbox"/> Need any restrictions to camp activities? | |

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

