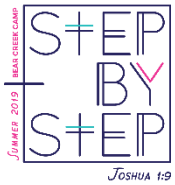
Bear Creek Day Camp 2019 - Camper Registration



Camper's Last Name | First Name | Gender | Birth Date | Primary Phone

Parent/Guardian Info

Alternate Phone 1 | Alternate Phone 2

Name | Relationship to Camper | Occupation | Email

Alternate Phone 1 | Alternate Phone 2

Name | Relationship to Camper | Occupation | Email

Emergency Contact Info: (Must be someone other than listed above)

Contact Name | Relationship to Camper | Contact Phone

Health History

☐ YES ☐ NO All immunizations required for school are up to date.

☐ YES ☐ NO Do you give consent for these over the counter medications: Tylenol, Ibuprofen, Benadryl, Other: _____

Medication Allergies: _____

Food Allergies/Dietary Restrictions: _____

Other Allergies: _____

List any Illness, Chronic Condition, Physical Condition or Mental Limitations the camper has that requires restriction on cam p participation:

YES NO Medications (If yes, please fill out dosage/schedule below)

Medication	Quantity	Time	Comment

Insurance Information

Insurance Company | Insurance Policy # | Insurance Company Phone #

Insurance Company Address | Primary Physician Name | Primary Physician Phone #

To the best of my knowledge all registration and health information is correct. Any images recorded while participating in camp activities may be used for the camp's promotion free of any claims. I give permission for my child to participate in all camp activities except as noted and agree that the camp or its staff will not be held responsible for accidents or personal injury arising there from. In the event of an emergency, I give permission to the medical personnel or staff selected by the camp to secure and/or administer any medical or emergency treatment, including hospitalization, deemed necessary for my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for my child. I understand that Bear Creek Camp is not responsible for medical costs due to illness or injury while at this event and I agree to cover all costs associated with any such illness or injury. I am the primary carrier of the accident/health insurance. If all immunizations required for school are not up to date, I understand and accept the risks to my child from not being fully immunized. Bear Creek Camp Behavioral Health Policy: Bear Creek Camp respects the confidentiality of an individual's mental and/or behavioral health diagnosis and treatment. It is the responsibility of the Parent/Guardian of a camper to inform Bear Creek Camp Staff if their child is presently being treated for a mental or behavioral health diagnosis and how the Staff can best support the camper. Bear Creek Camp has to ensure the safety of all campers. If a camper exhibits behaviors that can put themselves or others in danger, the behavior will be reported to a Camp Director immediately. The camper's Parent/Guardian may be called and the camper may be sent home. If the camper is exhibiting behaviors that are deemed a crisis, the Director will call the local county crisis services to determine the level of intervention that needs to occur.

Signature of Parent/Guardian (**REQUIRED**) | Date