



Summer Youth Camps

Additional Information

Mail to: Penny Jones
1062 S Pershing Ave
Indianapolis, IN 46221-1017

Or you can scan and Email it to:
pennycamp27@gmail.com
[Program Director, Penny Jones: (219) 688-4869]

Each Camper must submit a separate registration form.

Early Bird Deadline: May 31, 2022

Camper Information

Camper's Name _____
Goes by _____
Date of Birth ____/____/____ Gender: M F
Age at camp time _____ Grade in Fall of 2022 _____
Camper email _____

Parent/Guardian Information

Parent/Guardian Name _____
Relationship to Camper _____
Address: _____
City/State/Zip _____
(____) _____ (____) _____
Cell Phone Home/Work Phone

Parent/Guardian Email _____

Alternate Emergency Contact Information

Name _____
Relationship to Camper _____
(____) _____ (____) _____
Cell Phone Home/Work Phone

Home Church of Camper _____

Name of Pastor _____

My child does not attend church

Cabin Mate Request(2 names Only)
_____, _____

Authorized pickup person, if other than listed Parent/Guardian, Emergency Contact, or Church representative:

Is anyone specifically NOT allowed to pickup Camper:

Camps are divided by grade the Camper will be entering in the fall.

Base Camp (Grades 1-3) July 7-9 \$95	
Explorer 1 (Grades 4-6) June 6-11 \$225	
Explorer 2 (Grades 4-6) June 20-25 \$225	
Adventure 1 (Grades 7-8) June 13-18 \$225	
Adventure 2 (Grades 7-8) July 11-16 \$225	
Summit 1 (Grades 9-12) June 13-18 \$225	
Summit 2 (Grades 9-12) July 11-16 \$225	

- Late fee of \$20, if registering after May 31st
- Sibling discount of \$10, this Camper is NOT the 1st in the family to register

Total Amount Due: \$ _____

Amount Paying Now: \$ _____

Balance Due: \$ _____

I am enclosing a check or money order. **(Please write name of Camper on check)**

I am paying by credit card. (Please call the Reservation Coordinator at 812-230-3944)

My Church will be sending in the balance of my payment

T-Shirt Size: (circle only one)

Youth: Small, Medium, Large, X-large
Adult: Small, Medium, Large, X-Large, XXL, XXXL

CAMPER HEALTH INFORMATION

Physician & Insurance Information

Camper's Name _____

Parent/Guardian Name _____

Home Phone(_____) _____ Cell(_____) _____

Doctor _____

Doctor Phone (_____) _____

Health Insurance Provider _____ Policy _____

ID# _____

Policy Holder's Name: _____

Prescription Medications

If your Camper requires medication for a current condition, the following procedure must be observed to ensure safe administration:

- Prescription medication must be in its original container with an accurate pharmacy label indicating Camper's name, medical provider, dose, and timing.
- If the directions on the container are different from what the physician is currently prescribing, written instruction from the physician is necessary.
- Place all medication in a Ziploc bag, labeled with Camper's name. This must be given to the camp Nurse at the time of registration.

Over-The-Counter Medications

We stock over-the-counter medications to aid your Camper for health problems that may arise. The following medications are stocked and dispensed as deemed necessary by the camp Nurse: acetaminophen, ibuprofen, antihistamine, throat lozenges, anti nausea, anti-diarrhea, antiseptic solution, antibiotic ointment, anti-itch cream, ipecac, aloe, sunscreen, and insect repellent.

I authorize the camp Nurse to use any of these OTC meds as necessary

Please do not use _____

Health History

Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If space is insufficient, please describe on separate paper and attach to this form.

Date of last Tetanus booster: ____/____/____

Please check & explain all that apply:

- Heart Condition Fainting Stroke
- Diabetes Asthma ADD/ADHD Tubes in Ears Sleep Walking Bed Wetting Severe reactions to food, bee stings, etc.

Explanation

Does this camper have allergies? Yes No If yes, please specify _____

Any special diet needs?

Participation Exclusion

List activities you do not wish your child to participate in due to medical conditions or other reason:

I authorize the WPC&RC Camp Nurse to assist my child with the listed medications he/she will be bringing as indicated by written directions of the prescriber. I further authorize the camp nurse to dispense over the counter medication except exclusions I have listed above. I understand that health care provided by WPC&RC nurses is done so with no compensation. They may be held liable for injury, death or loss arising out of providing these services only for acts of gross negligence.

The information recorded on this form is complete and correct as far as I know and the person described above has permission to engage in all camp activities, both on-campus and off-campus, unless excluded above. I agree to let pictures of my child be used for promotional purposes by WPC&RC. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I understand that WPC&RC has taken measures, including having staff certified in CPR, to aid in the safety of all camp participants. However, I also recognize that WPC&RC cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child about the importance of knowing and abiding by the camp rules and regulations. I voluntarily waive any claim against WPC&RC, its staff members, and Board Members, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with camp activities.

In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied to have a set available for transportation records and for the WPC&RC.

Parent/Guardian Signature: _____

Date ____/____/____