

# REGISTRATION & HEALTH FORM

## HORTON HAVEN CHRISTIAN CAMP

PLEASE PRINT. THIS FORM IS TO BE LEGIBLY COMPLETED BY A PARENT OR GUARDIAN. USE BALL POINT PEN.

### SECTION I. EVERYONE must fill out Section I even if you registered online!

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail \_\_\_\_\_ Grade (completed in June) \_\_\_\_\_ Church Group \_\_\_\_\_

First Parent or Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Relationship to camper (circle one) legal parent legal guardian other: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cellular Phone (\_\_\_\_) \_\_\_\_\_ Pager \_\_\_\_\_

Second Parent or Guardian \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Relationship to camper (circle one) legal parent legal guardian other: \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cellular Phone (\_\_\_\_) \_\_\_\_\_ Pager \_\_\_\_\_

Name of Custodial Parent(s) \_\_\_\_\_

If above are not available in an emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cellular Phone (\_\_\_\_) \_\_\_\_\_

Horton Haven Christian Camp reserves the right to use any photographs taken at camp in its promotional programs, this includes photos of all campers, staff, and visitors. As a camper at Horton Haven Christian Camp your child may be involved in activities such as canoeing, swimming, horseback riding, high adventure area, rappelling, and other camp activities. As you acknowledge, these activities have inherent dangers that no amount of care, caution, instruction or expertise can eliminate. Upon recognition of the nature of the activities, by signature below, you assume the risk and release and discharge Horton Haven Christian Camp, and its directors, employees, staff, and agents from liability. Your covenant with them that you will never, individually or as legal guardians of participating individuals, institute any action at law or in equity for any personal injuries to property, real or personal, caused by, or arising out of activities on behalf of or sponsored by Horton Haven Christian Camp based on your child's participation. You further agree to indemnify and hold Horton Haven Christian Camp harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any claim you may make, action you take against the camp, or lawsuit you might file against them. I have seen, read, agree, and do hereby release Horton Haven Christian Camp to the above.

Camper's Signature \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### SECTION II. Online Registrants and Adult Staff skip to Section III.

Please check the camp you plan to attend.

- |  |   |
|--|---|
| <input type="checkbox"/> Senior Teen .....\$210 ..... June 3-8 | <input type="checkbox"/> Early Teen 2.....\$210 ..... July 22-27            |
| <input type="checkbox"/> SIT Camp.....\$85 ..... June 10-15    | <input type="checkbox"/> Junior 5 .....\$185 ..... July 29-Aug. 3           |
| <input type="checkbox"/> Junior 1 .....\$210 ..... June 17-22  | <input type="checkbox"/> Girl's Discipleship.....\$185 ..... July 29-Aug. 3 |
| <input type="checkbox"/> Junior 2 .....\$210 ..... June 24-29  | Day Camps - \$110   |
| <input type="checkbox"/> Early Teen 1.....\$210 ..... July 1-6 | <input type="checkbox"/> Safari Adventure ..... June 25-29                  |
| <input type="checkbox"/> Junior 3 .....\$210 ..... July 8-13   | <input type="checkbox"/> Safari Quest..... July 9-13                        |
| <input type="checkbox"/> Junior 4 .....\$210 ..... July 15-20  | <input type="checkbox"/> Safari Trek ..... July 16-20                       |

#### Cabin Mate Request

Two friends, no more than 2 years age difference. All must request each other or no guarantee.

1. \_\_\_\_\_ 2. \_\_\_\_\_

#### Camp T-Shirts:

T-Shirts are included in camp fee. Please mark size.

Size: Youth:  medium (10-12)  large (14-16)

Adult:  small

medium

large

extra large

#### Horseback Riding (30 minute corral ride):

Send \$10 per ride with Registration Form:

Fee is non-refundable. Limit 2 rides per week.

1 ride

2 rides

\*If you would like to donate money to the scholarship fund which assists campers who need financial help please indicate amount below.

#### Camp Fee Calculator

Fee for week of camp	\$
Horseback riding	+ \$
Snack Bar	+ \$
Donation to scholarship fund	+ \$
Discounts:	
<input type="checkbox"/> New Camper <input type="checkbox"/> Early Bird <input type="checkbox"/> Sibling	- \$
<b>Total Due</b>	<b>\$</b>
Amount Paid	- \$
<b>Balance Due</b>	<b>\$</b>

**All Fees Must Be Paid In Full 2 Weeks Prior To Your Week Of Camp**

*Make checks payable to:*

**Horton Haven, Inc.**

*Mail this COMPLETED form to:*

**Horton Haven**

**PO Box 276**

**Chapel Hill, TN 37034**

Name \_\_\_\_\_

LAST \_\_\_\_\_

FIRST \_\_\_\_\_

Camp Attending \_\_\_\_\_

Cabin \_\_\_\_\_

Year \_\_\_\_\_

**CAMP USE ONLY**

### SECTION III.

The following information will be used to (a) Tell kitchen staff about diet needs; (b) Educate cabin leaders and directing staff about camper needs; and (c) Provide healthcare staff with background about your child.

*Receiving adequate information prior to your child's arrival is crucial to our ability to provide a positive camp experience.*

**HEALTH HISTORY:** Date of last health exam: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physician's Name \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Is camper under a physician's care for a medical or psychological concern? Yes No (Circle)

If YES, please explain: \_\_\_\_\_

**ALLERGIES:** Check all that apply.

This camper has no known allergies.  
 This camper is allergic to the following **food(s)** \_\_\_\_\_. This causes anaphylaxis?  Yes  No  
Describe the reaction if this food is eaten and what is done to manage it: \_\_\_\_\_

This camper is allergic to the following **medication(s)** \_\_\_\_\_. This causes anaphylaxis?  Yes  No  
Describe the reaction if this medication is taken and what is done to manage it: \_\_\_\_\_

This camper is allergic to the following **substance(s)** \_\_\_\_\_. This causes anaphylaxis?  Yes  No  
Describe the reaction and what is done to manage it: \_\_\_\_\_

**DIET:** Check all that apply. Note that kitchen staff prepare a variety of healthy foods from each food group at meal times. Please understand that our facility is unable to accommodate special dietary requirements.

**Please call if you have questions about diet.**

- This camper eats a regular, varied diet and is prepared to eat foods from all food groups.
- This camper is a vegetarian.
- This camper is lactose-intolerant. Check one:
  - This camper uses a product like Lactaid and/or can self-manage the intolerance.

**HEALTH CONCERNS:** Check all that apply. Explain and provide treatment needed for each item checked.

- This camper has no health concerns and is capable of full participation in this program.
- This camper has the following health concern(s):
  - Asthma  Migraines  Diabetes
  - Sleepwalking  Menstrual cramps  Bed-wetting
  - Heart defects/disease  Seizures  Bleeding disorder
  - Other (please describe) \_\_\_\_\_

Please explain and provide information including treatment for each item checked: \_\_\_\_\_

**MEDICATION:** Provide complete information.

**All medications including vitamins and herbs MUST be sent in the original container with original label or it will not be given. DO NOT** send non prescription medication unless taken on a daily basis, because it is provided by the camp. Please be prepared to turn in all medication including vitamins and herbs to the nurse upon arrival.

- This camper does not take any medication on a daily basis.
- This camper uses the following medication (including vitamins/herbs):

Name of medication \_\_\_\_\_ Name of medication \_\_\_\_\_

Reason for taking \_\_\_\_\_ Reason for taking \_\_\_\_\_

Dose taken \_\_\_\_\_ Dose taken \_\_\_\_\_

Time(s) of day taken \_\_\_\_\_ Time(s) of day taken \_\_\_\_\_

Name of medication \_\_\_\_\_ Name of medication \_\_\_\_\_

Reason for taking \_\_\_\_\_ Reason for taking \_\_\_\_\_

Dose taken \_\_\_\_\_ Dose taken \_\_\_\_\_

Time(s) of day taken \_\_\_\_\_ Time(s) of day taken \_\_\_\_\_



**SECTION V.**

**HEALTH INSURANCE INFORMATION:**

This camper has health insurance? Yes No (Circle)

Subscriber Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group Number (ID#) \_\_\_\_\_

If you are a summer staffer (teen or college) or your camper lives more than 2 hours from the camp, you must send a copy of your insurance card.

**RESPONSIBLE ADULT FOR HEALTH CARE CHARGES:** Parents/guardians are financially responsible for health care given by an out-of-camp provider. Please list below the parent/guardian who will pay for this camper's health care bills, should it be necessary to take your child to an out-of-camp provider. Do not list insurance information here.

Name of Parent/Guardian responsible for health care bills \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE:** This health history is correct, and the person described has permission to participate in all camp activities except as noted by me. I give permission to the camp health care staff to administer the medication as listed above on this form, to perform treatment for and to administer medication for minor injuries and illnesses. Furthermore, I give permission to the Horton Haven Christian Camp staff to transport my child to or from a health care provider and I give permission to the physician selected by the camp to order X-rays, routine tests and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. This form may be photocopied. Horton Haven Christian Camp has permission to obtain a copy of my child's health record from the providers they access to treat my child. I understand that information about my child's health will be shared with other camp staff on a "need to know" basis. There will be a health screening conducted on the day of registration and if my child is found to have any contagious or unexplained illnesses or conditions, or head lice/nits, he or she will be dismissed from camp until proper treatment is given.

**SIGNATURE OF CUSTODIAL**

**PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

Return this form to Horton Haven Registrar. Keep a copy for your records and to record changes in your child's health status. Bring your adjusted copy to camp registration and update the health care provider with changes. For questions about this health form or to speak with a member of our Directing Staff, please call the Camp Office at 931-364-7656.

**DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY**

**HORTON HAVEN CHRISTIAN CAMP NURSING NOTES**

SCREENING has been conducted according to HHCC policies and significant findings noted.

- Screening Date/Time \_\_\_\_\_ A. Signs/Symptoms of illness or injury upon arrival?.....  No  Yes as noted below
- B. History of recent illness or injury prior to camp?.....  No  Yes as noted below
- \_\_\_\_\_ C. History of recent exposure to communicable disease?.....  No  Yes as noted below
- \_\_\_\_\_ D. Medication/Vitamins given to health care provider? .....  No  Yes as noted below
- \_\_\_\_\_ Screener Initials \_\_\_\_\_ E. Any signs/symptoms of head lice?.....  No  Yes as noted below
- F. Additions or corrections? .....  No  Yes as noted on form

Date/Time \_\_\_\_\_ Note to include health concern, assessment, treatment provided. \_\_\_\_\_ Initial \_\_\_\_\_