

For Office Use Only:
(Parents, do not write here)

Assigned Cabin: _____

Medication? Yes No

Camp Grace's Elementary Spring Retreat

March 26-28 **Grades 3-6** Fee: \$45 6:00 p.m.- 1:30 p.m.

Registrations received after March 12 will incur a \$10 late fee.

(Please Print Neatly)

Camper's Name: _____ Is called: _____

Birth date ___/___/___ Age ___ Current Grade ___ Race: ___ Sex: Boy ___ Girl ___

Mailing Address _____ Home Phone #: _____

City _____ State _____ Zip _____ Work Phone #: _____

Parents/Guardians: _____ Cell Phone #: _____

➤ How did you hear about Camp Grace? ___ Friend ___ Released Time ___ Mall Expo ___ Other

➤ Do you attend church? _____ Name of Church: _____

➤ Cabin Mate Request: _____

*** You may request only 1 friend. Your friend must also request you. ***

List 2 people who are authorized to pick up your child if you are unable to come? (Photo ID might be requested.)

----- DO NOT SEPARATE -----

MEDICAL INFORMATION

MUST BE COMPLETELY FILLED OUT!

Camper's Name: _____ Height: _____ Weight: _____

Does the camper have medical insurance? Yes ___ No ___ Date of last Tetanus booster (or DTP) _____

Insurance Company: _____ Policy #: _____

Camp insurance does not cover any pre-existing medical condition. In case of accident or injury, Camp Grace insurance will be submitted as secondary to your insurance.

List any known allergies & type of reaction: _____

List any medical problem, disability or recurring illness: _____

Are there any specific activities restricted by physician's advice? _____

Name of family doctor _____ Ph. # _____

Is there anything else you think we should know? _____

By making application:

- I agree to have my child's immunizations current before entering camp.
- I give my child permission to participate in the entire camp program unless otherwise noted on this medical form.
- I understand that if my child misbehaves or brings unacceptable items, he/she will be sent home without a refund.

MEDICAL RELEASE & WAIVER: The information given above is correct as far as I know. I understand that there are risks involved in camp activities and I accept this risk as a part of my child's participation. I further agree to indemnify, hold harmless, and defend Camp Grace, its board members, executive officers, staff, and employees from any and all claims for injuries, damages, or loss sustained by me or my child arising out of, connected with, or in any way associated with Camp Grace. **EMERGENCY AUTHORIZATION:** I hereby give permission to the first aid personnel selected by the camp director to provide standard first aid care and administer over-the-counter medication, and in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to order x-rays, routine tests, hospitalize, secure proper treatment for and to order injection and/or surgery for my child as named above. **PROMOTIONAL RELEASE:** I hereby give permission for the use of photos/videos in which my child may appear in any promotional material.

Signature of Parent/Guardian _____ Date _____

Please list the MEDICATIONS that your child will bring to camp. Please explain dosage, time of day to be given & reason for taking:

1. _____
2. _____
3. _____

*** ALL medication (including over-the-counter & non-prescription) must be turned in to the camp nurse at registration. Bring current medication in its original container with instructions. Asthma inhalers are allowed in the cabin upon approval from the camp nurse.**

Register online at www.campgrace.us or mail this form and \$45 to: Camp Grace 145 Grace Dr. Fairmont, NC 28340
Questions? Call to speak to a staff member at 910-628-6326 or E-mail: campgrace@hughes.net