

Camper Registration Form

Parent/Guardian: Please print or type all information clearly.

The entire registration and medical form must be completed and signed in order to register for camp.

Camp Attending: Indian Creek Tippecanoe

Camp Session _____ Date of Camp _____

Camper's Name _____ Birth Date _____ Age _____
First MI Last Month/Day/Year

Male Female Grade Completed _____ Camper Email _____

Name of person you desire to be housed with _____

T-Shirt Size (circle one) Y-S Y-M Y-L A-S A-M A-L A-XL A-XXL A-XXXL

Attending Church _____ Pastor _____

Church Address _____ City _____ State _____ Zip _____

Custodial Parent/
Guardian _____

Address _____ City _____ State _____ Zip _____

Preferred Phone() _____

Parent Email _____

Payment in full is PREFERRED at time of registration.

PLEASE NOTE: There will be a late fee of \$25.00 if payment is not postmarked 10 days prior to start of camp session.

Make check payable to ABC-IN/KY

Send registration and health form to:

**Camp Registrar
ABC-IN/KY
1350 N Delaware St
Indianapolis IN 46202**

kristiedowdy@abc-indiana.org (317) 635-3552

Line 1: Camp session fee (1) _____

Line 2: Family discount (2) _____
(Subtract \$10.00 for each additional camper from
the same family-not including first child registered)

Line 3: \$25.00 late fee, **if applicable** (3) _____

Line 4: Subtotal (add lines 1-3) (4) _____

Line 5: Enter amount paid with registration (5) _____

Line 6: Subtract line 5 from line 4 and (6) _____
enter balance due.

Please indicate who will pay balance:

Parent Church _____

Other _____

There is a \$25.00 cancellation fee.

For Office Use Only

Date Rec'd _____ CK No _____ Amt _____ PT _____ CH _____

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HEALTH HISTORY FORM

The following information must be filled out by the parent/guardian, or adult camper, or staff member. The intent is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health care personnel upon camper's arrival at camp. Provide complete information so that the camp can be aware of the camper's needs.

Camp Session _____ Dates attending _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First MI Last

Male Female Birth Date: _____ Age on arrival at camp: _____
Month/Day/Year

Camper Home Address: _____
Street Address City St Zip Code

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____

Preferred Phones () _____ () _____

Home Address: _____
(if different from above) Street Address City St Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____

Preferred Phones () _____ () _____

Additional contact in event parent(s) cannot be reached:

Name: _____ Relationship to Camper: _____

Preferred Phones () _____ () _____

Date of last Physical Exam _____ . The camper must have had a physical exam within the last year.

Healthcare Providers:

Name of camper's primary doctor _____ Office phone _____

Name of family dentist/orthodontist _____ Office Phone _____

Medical Insurance Information:

(Your child will not be admitted without this information)

Is the camper covered by family medical/hospitalization insurance? Yes No

Carrier or plan name _____

Group No. _____

Name of Insured _____

Relationship to camper _____

**Please include
a copy of the
insurance card
(front & back)
or bring card to
check-in.**

Parent/Guardian Authorization for Health Care:

I hereby give permission to the medical personnel selected by the camp manager to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp manager to secure and administer treatment, including hospitalization for the camper named above. I also give permission to the camp medical staff selected by the camp manager to review the medical information enclosed in this document. This complete form may also be photocopied for trips outside of camp grounds.

By signing you are also stating the following: The health history is correct and complete as far as I know. The camper named above has permission to engage in all camp activities except noted elsewhere on this form.

Your child will not be admitted without your signature.

Parent/Guardian Signature

Parent/Guardian Signature

Photographs:

I give my permission for photographs to be taken during camp session to be used for promotional purposes. Yes No

For Camp Use) Camper Name: _____

For Camp Use) Cabin: _____

For Camp Use) Session: _____

