

**Christian Church (Disciples of Christ) in Tennessee
Camp and Conference Registration/Health Form**

PART I: CAMPER INFORMATION

Name:	Nickname:	Phone:
Street:	City/State:	Zip Code:
Date of Birth:	Grade Next Fall:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Parent/Legal Guardian:		
Church you regularly attend:		City:
Camper's email:	Parent's email :	

PART II: CAMP AND PAYMENT INFORMATION – NO LATE REGISTRATIONS OR WALK-INS ACCEPTED.

(Registration for each camp is from 3-5 p.m. Pick up is at 11:00 a.m.)

<input type="checkbox"/>	Camp	Completed Grades	Dates	Postmark Deadline	Fees
<input type="checkbox"/>	iCamp	Intergenerational experience	May 29-May 31	Registration form @ tennesseedisciples.org	
<input type="checkbox"/>	CYF	Grades 9-12	June 5-11	May 26	\$280*/305
<input type="checkbox"/>	Chi-Rho	Grades 6-7	June 13-18	June 2	\$235*/260
<input type="checkbox"/>	Junior	Grades 4-5	July 6-10	June 26	\$185*/210
<input type="checkbox"/>	8'ers	Grades 8	July 11-17	July 1	\$280*/305
<input type="checkbox"/>	Discovery	Grades 2-3	July 18-21	July 7	\$140*/165
<input type="checkbox"/>	Firsters	Grades K-1	July 22-24	July 12	\$90*/115
<input type="checkbox"/>	Play Camp	Grades 4-7	July 19-23	July 9	\$195*/220
<input type="checkbox"/>	Hope Camp		July 25-28		\$125/sponsors needed
<input type="checkbox"/>	Hope Camp is an outreach ministry of the Christian Church in Tennessee for inner city children from Nashville.				

Additional registration forms for all camps can be found at www.tennesseedisciples.org

- To receive the early bird registration fee (first amount) your registration must be postmarked by May 1st.
- Any registration forms postmarked after May 1st must include the \$25 fee (second amount)
- All registration forms must be accompanied by a minimum of \$50.

**Send Form and
Payment to:**
Christian Church in
Tennessee
7980 Coley Davis
Rd., Suite 102
Nashville TN 37221
615/646-3705

Camp Fee (from above)	\$ _____
Hope Camp Donation (tax deductible)	\$ _____
Total	\$ _____
Amount enclosed (min. \$50.00)	\$ _____
Balance Due one week prior to camp	\$ _____

PART III: PERMISSIONS – SIGNATURES REQUIRED

- 1. Camper/Participant:** I agree to participate fully in the camp program. I understand that if I do not abide by camp policy, I may be sent home at my parent's expense. **Participant Signature:** _____
- 2. Parent/Guardian:** I give my consent for _____ to attend the camp indicated above and to participate fully in the program. During her/his absence for the period of the camp and travel to and from, the adult in charge has my permission to authorize medical and/or surgical treatment for my minor child in the event that I cannot be reached immediately for my permission. I understand that photos of my child may be used in camp publicity. **Parent/Guardian Signature:** _____

*EARLY BIRD DISCOUNT IS FOR REGISTRATIONS POSTMARKED BY MAY 1.

PART IV: CAMPER HEALTH INFORMATION
THIS SECTION MUST BE COMPLETED

Camper's Name: _____

Emergency Contact Information:

Name: _____ Relationship to Camper: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell or pager: _____

1. Camper Medical and Health Information

Note: Include a photocopy of the camper's family medical insurance card (front and back) with this registration

Camper's Social Security # _____ (S.S. # is for medical purposes only)

Insurance Carrier: _____ I.D. # _____

Physician's Name: _____ Phone: _____

Allergies	Yes	No	Recent Medical History	Yes	No
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Streptococcus Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Mildew	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Bee Sting	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>
Any drugs	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	AIDS/HIV	<input type="checkbox"/>	<input type="checkbox"/>
(Please explain)			Middle Ear Infection	<input type="checkbox"/>	<input type="checkbox"/>
			Other (please explain)	<input type="checkbox"/>	<input type="checkbox"/>

Other Information

- Bed-wetting Yes No
- Sleepwalking Yes No
- Learning Disability Yes No
- Physical Disability Yes No
- Hyperactivity Yes No
(ADD/ADHD)
- Particular Fears Yes No
- Physical limitations Yes No
- Bowel/bladder Yes No
- Other (explain) Yes No

Dietary Needs

- Health Related Yes No
- Vegetarian Yes No

Date of most recent tetanus shot _____

Please explain any items answered yes. Use separate sheet if necessary.

Will the camper need to take medication while at camp? (Explain and list)

Prescription medications MUST be in the original prescription container with the campers name, physician, and dosage directions on the label. The camp staff needs to know the number of dosages in the container upon arrival at camp.

Please explain any emotional and/or behavioral concerns, or family circumstances which might affect the camper's full participation in the camping program:

Rules for Acceptance and Participation are the same for everyone without regard to race, color, national origin, age, gender, or handicap. (Please notify the Regional Center of any handicaps or other considerations so that accommodations can be made.)

<p>Insurance: The Christian Church in Tennessee has insurance which covers costs in excess of charges paid by the camper's family health insurance. If the camper's family has no health insurance, our carrier will pay up to \$25,000.</p>	<p>Liability: The Christian Church in Tennessee is not responsible for personal items that are lost, stolen or broken at camp.</p>	<p>Refund Policy: Notice of cancellation must be given to the Regional Center at 615/646-3705. Refund will be made minus the \$50 deposit. If cancellation occurs within 48 hours of start of camp, no refund will be made. Late fee and deposit are non-refundable.</p>
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