

Youth and Teen Camp

Session I: Nature Week (6/22 – 6/25) *Session II: Sports Week (6/29 – 7/2)*

Session III: Wet n Wild Week (7/13 – 7/16) *Session IV: Country Days Week (7/20 – 7/23)*

Youth: MW (9 – 11:30 pm) Circle Sessions Wanted Teen: T TH (9:00 – 11:30)

Cost: \$20.00 per session If scholarship needed, how much can you pay: _____

Registration Form

Path To New Friends (5 to 12 yr) Yes ___ No ___

Pathway to New Friendships (13 to 18) Yes ___ No ___

Camper Name: _____

Session: _____ DOB: ___ - ___ - ___ Male: ___ Female: ___

Address: _____

Telephone Number: (____) _____ Legal Guardian _____

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

NAME: RELATION: TELEPHONE #(s):

1. _____

2. _____

HEALTH INSURANCE (Medicare, Medicaid, PA Access, or Private Insurance)

Policy Holder's Name: _____

Insurance Co: _____

Policy Number(s):

INHALERS, EPI-PENS, AND CREAMS need to be checked in with STAFF UPON ARRIVAL!

READ & SIGN:

MEDICAL HISTORY:

- ___ SEIZURES
- ___ PSYCHOLOGICAL ISSUES _____
- ___ HEARING IMPAIRED
- ___ TOURETTE'S
- ___ ASTHMA/EMPHYSEMA
- ___ MENTAL RETARDATION:
 - SEVERITY: _____
- ___ ADD/ADHD
- ___ HEART CONDITION

- ___ ALLERGIES
- ___ AUTISM
- ___ DIABETES
 - INSULIN, ___NON-INSULIN
- ___ GERDS (Acid Reflex)
- ___ SKIN/GLANDS
- ___ STOMACH/BOWELS
- ___ PHYSICAL
- ___ DOWN SYNDROME

• ____ CONNECTIVE TISSUE

• ____ Other

ARE YOU AWARE OF ANY CURRENT HEALTH PROBLEMS?

PARTICIPATION:

____ Can participate in all activities

____ Potty Trained: _____

____ Cannot take part in: _____

____ Medications (prescription) *list on med sheet

____ Medication (over the counter) *list on med sheet

____ Special Diet (attach dietary sheet)

Food Allergies: Wheat Corn Dairy Soy Oats Tomatoes Peanuts Chocolate Colorings Latex Grass Weeds Trees
Mold Dust Cats/Dogs Insect

Other: _____

Glasses: _____

Hearing Aids: _____

DOES CAMPER NEED ONE-ON-ONE ASSISTANCE? ____ YES ____ NO

CAN CAMPERS SWIM? ____ YES ____ NO

Dr. _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

HOBBIES, TALENTS, SPECIAL INTERESTS, SPECIAL SKILLS _____

READ & SIGN BELOW:

I fully understand that after reasonable precautions are taken, there are certain hazards which are unforeseeable, and I release the SNFA & ARC Summer Camps and its Directors, Agents, and Employees from liability connected with camp activities. I have read or caused this to be read to me, and do hereby acknowledge that I fully understand each and every part.

SIGNATURE: _____

Please Send forms to: Diana Sherman

313 27th St SW

Mason City, IA 50401

(641)423-1618