

Camp Hope

PO Box 1622, Litchfield, CT 06759 Phone: (860) 567-1525 FAX: (860) 201-1035
e-mail: dave@camphope.com website: www.CampHope.com

CAMPER INFORMATION

Camper's Name _____

Nickname? _____

Male ___ Female ___

Age _____ Birthday: Month _____ Day _____ Year _____

Address _____
Apt _____ City _____ State _____ Zip _____

Name of person camper lives with _____

Relationship to camper _____ Best telephone # _____

Other telephone # _____

Name of another emergency contact _____

Relationship to camper _____ Best telephone # _____

Address of emergency contact _____
Apt _____ City _____ State _____ Zip _____

Other telephone # _____

Has camper previously attended Camp Hope? _____

Name of camper's School _____

School Grade Entering _____

Email address camper uses on Facebook (this helps us find them on Facebook easily)

MEDICAL RELEASE PORTION

(If you fill out the online form, you must bring, fax, or mail this to camp.)

NAME OF CAMPER _____

DATES ATTENDING CAMP _____

Medical Information

List any allergies or physical limitations _____

List any medication required at camp (time/dose instructions from camper's Doctor to Camp Nurse **MUST** accompany all prescriptions)

Date of last physical _____ (Copy of latest physical **MUST** be brought to camp)

Physician's name/ telephone # _____

Medical Insurance Company _____ Policy # _____

The following medications may be administered at camp, if necessary. Please cross out any you do NOT want the camper to receive.

- allergy medicine (Claritin, Zyrtec)
- cold medicine
- cough medicine; cough drops
- aloe for sunburn
- caladryl/cortisone/benadryl cream
- sunscreen
- bug spray
- diarrhea medicine
- antacid
- antibiotic ointment for scrapes
- anbesol/orajel for mouth/teeth pain
- Tylenol/Ibuprofen

Medical Authorization

The above information of this camper is correct. Camper is in satisfactory medical condition and has permission to engage in all activities, except as noted above. I hereby consent to the administration of any and all over-the-counter medicine(s) as directed by the Camp Doctor (with the exception of those crossed out above.) **IN CASE OF EMERGENCY**, I hereby give my consent for the administration of any medication, treatment or aid deemed necessary by the appropriate licensed physician, physician's assistant, dentist, registered nurse, or emergency personnel.

Parent/Guardian signature _____ Date _____

Please Print Name: _____

This Camper agrees:

- 1) To observe all rules posted at camp and verbally communicated during the camp.
- 2) To respect the authority of camp counselors and staff.
- 3) To fully participate in all group meetings and required events.
- 4) To wear only appropriate clothing. T-shirts, hats and other clothing may not exhibit vulgar, suggestive, gang-related or irreligious language or images or advertisements for weapons, alcohol or tobacco products. Immodest clothing and swimwear are not allowed. This dress code will be enforced at the camp's discretion.
- 5) To not leave the camp premises unless the Camper is supervised. During the camp session, the Camper may not leave the supervision of the appropriate camp instructor or staff at any time.
- 6) To obey all safety instructions, rules and regulations and to wear appropriate safety equipment, devices, helmets and life jackets as directed by camp staff.
- 7) The possession or use of fire crackers, fire arms, dangerous weapons, tobacco, alcohol and drugs (other than those prescribed by a doctor and delivered to the camp medical staff with appropriate instructions) is prohibited.
- 8) For the safety of all, the camper's personal baggage and belongings are subject to search at the camp's discretion.
- 9) To pay for property willfully damaged or destroyed. 10) That the camp reserves the right, at its sole discretion, to immediately dismiss any Camper whose actions, behavior or attitude is contrary to the best interests of the camp and other campers. Dismissal will be enforced at the camp's discretion. Campers who are dismissed will be immediately sent home at the parent's sole expense.

Camper signature _____

Date _____

The Parent/Guardian agrees:

- 1) To accept the responsibility to communicate these rules and expectations to the Camper prior to the camper's arrival at the camp.
- 2) The camp is not responsible for the safety, damage or loss of any personal effects including clothing and personal equipment.
- 3) That because certain camp activities are dangerous and carry risk of serious injury or death; the undersigned will not hold the Sponsoring Church, Child Evangelism Fellowship, Urban Hope, Inc., Camp Hope, or any of their members, officers, or staff liable for any illness, accident or mishap.
- 4) To indemnify and hold the camp harmless from any and all liability in connection with: a) any claims made against the camp by any other parent of this Camper or b) any claims made against this Camper by any other parent or any other camper.
- 5) To authorize Urban Hope, Inc. to release the name and/or photograph/or video of the Camper for use in news media publications and internet.
- 6) That the undersigned Parent or Guardian has full authority to enroll the Camper, to authorize participation in camp activities, to authorize medical care for the Camper and to contract for same.

Parent signature _____

Date _____

Camp Hope

PO Box 1622, Litchfield, CT 06759 Phone: (860) 567-1525 FAX: (860) 201-1035
e-mail: dave@camphope.com website: www.CampHope.com

STATE REQUIREMENTS MUST BE COMPLETED PRIOR TO COMING TO CAMP

___ Application form signed by both camper and parent or guardian

___ Copy of a recent health exam. A copy of recent school or sports physical is okay, or Doctor may complete and sign medical section of Application Form, or Doctor may complete and sign State Youth Camp Health Exam Form (NOTE: health exams are valid for three (3) years).

___ Copy of immunization/shot record (NOTE: This record may be included as part of a recent health exam).

___ Authorization from the Doctor to administer medications (REQUIRED if any medication is brought to camp, see below) (NOTE: This authorization may be included as part of health exam).

REGARDING MEDICINES AT CAMP HOPE:

Just as in school:

Anyone who brings any over-the-counter or prescription medicine to camp must have their doctor complete an authorization form stating what the medicine is and why it is being used, along with directions for giving it.

All prescription medicine must have a pharmacy label on it, with the camper's name, name of medicine and directions printed on the label. Medicine must be discussed with the nurse on arrival to camp.

(Please note that the camp nurse is able to give over-the-counter medicines, if a camper's condition necessitates it; therefore it is not usually necessary to send over-the-counter medicines to camp.)