

Registration Form

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

Grade this fall _____ Age _____

Parent/
Guardian _____

In emergency call _____

I plan to attend: (Circle below)

Senior Week

Combined Week

Junior Week

I also certify that the Camp Manager, Faculty or Nurse has my permission to sign any consent form necessary for needed emergency aid or hospitalization. I hereby release the Camp from any responsibility other than normal supervision and care. In case of accident I will not hold Sharon Bluff Camp or its staff members, faculty or officials liable unless guilty of negligence.

Signature _____

Date _____ Phone _____

Does camper have any health problems that may cause a problem while at camp (such as Diabetes, Bronchitis, etc.)? List any:

Is the camper presently taking medication? List any:

Does camper have a reaction to penicillin or any other drug? List any:

Does camper have any special diet restrictions? List any:

Does parent/guardian give permission for the camper to go swimming?

Has the camper had a recent tetanus shot? Give date:

Is there any other medical information we should be aware of? List any:

In case of emergency I hereby give permission to the physician selected by Sharon Bluff Camp to hospitalize and/or secure proper treatment for the child named above as judged proper by camp staff.

Signature _____

Because of changes in the insurance industry, Sharon Bluff Camp can no longer obtain first dollar coverage on medical insurance. We can only get what is termed excess medical coverage. With this type of insurance, the claims must first be submitted to your insurance company. Camp will then pay the unpaid. If you do not have medical coverage, camp insurance will pay in full. The following must be answered for registration.

1. Do you carry any kind of medical coverage on your child?

YES

NO

2. If you answered yes to #1, please list full name and address of your insurance.