

**Northeast, Ozark Lakes and Southeast Gateway Areas in Christian Church (DOC) of Mid-America NEA-OLA-SEGA
2010 Outdoor Ministries Registration & Health History (Campers & Staff)**

Questions? Contact our Registrar: 573-442-5815, office@nearea.org, or Outdoor Ministries, P.O. Box 10230, Columbia MO 65205
Camp Schedule & forms online at www.nearea.org, www.olaccma.org, or www.segadisciples.org

Complete a separate registration form for each camper and each camp – Family Campers, please complete a form for each family member

CAMP SESSION & DATES: (Example: Junior 1, June 8-12) _____

T-Shirt Size: (circle one) Youth S Youth M Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL

Elementary/Junior Camper cabin-mate request (1 name only/must be mutual): _____

Camper's Name: _____ Date of Birth: _____

Sex: _____ Age: _____ Grade Completed by 6/30/2010: _____ Year of HS Graduation: _____

Camper's Address: _____ City/State/Zip: _____

Home Telephone: () _____ Camper's E-mail Address: _____

Local (DOC) Congregation & City _____ Pastor's Name _____

Mother/Guardian's Name: _____

Complete Address (if different from Camper's): _____

Daytime Phone: () _____ Evening Phone: () _____

Cell Phone: () _____ E-mail: _____

Father/Guardian's Name: _____

Complete Address (if different from Camper's): _____

Daytime Phone: () _____ Evening Phone: () _____

Cell Phone: () _____ E-mail: _____

If not available in emergency, notify: _____ Relationship to Camper: _____

Complete Address: _____

Daytime Phone: () _____ Evening Phone: () _____

Releases and Authorizations: please check to be sure all signatures (3) and initials (3) are completed, front & back of form, notarization if needed

This Registration & Health History is correct and complete as far as I know. The person herein named as "camper" has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health or dental care, administration of prescribed medication, and emergency treatment for me/my child, as may be deemed necessary, including but not limited to x-rays, routine tests, and treatment, and/or hospitalization. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the Health Insurance Portability and Accountability act of 1996. I hereby agree (pursuant to 45CFR§164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary; (1) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (2) in the case of minors, relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Please initial Transportation and Photography Releases:

1. _____ We/I give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Northeast, Ozark Lakes, and Southeast Gateway Areas of the Christian Church (DOC).
2. _____ We/I give permission for our/my child to be photographed, video or audio taped and understand that these photos, videos, or recordings may be used in Northeast, Ozark Lakes, and Southeast Gateway Areas newsletters, promotion or other print, digital or internet publications.

Signature: Minor's Parent/Guardian or Adult Camper/Staff 1. _____

Printed Name _____ **Date** _____

Participant Covenant: I covenant with my Creator, the camp staff, and other campers for the purpose of creating Christian community while at camp. I covenant to:

- Expect the best of others, and give my best in our activities together.
- Gladly help others and seek help, when needed.
- Abide by the camp rules, policies, and camp schedule.
- Make every effort to complete the full camp experience.
- Expect to make new friends, be a friend to others, and have fun.
- Participate fully in activities, as led by counselors and camp staff.
- Respect camp property and the property of other campers and staff.
- Seek growth in my relationship with Jesus Christ, in prayer, Bible study, and fellowship

Participant's Signature 2. _____ **Date** _____

Pastor's Recommendation: I recommend this individual for participation in Northeast, Ozark Lakes, and Southeast Gateway Areas Outdoor Ministries.

Pastor's Signature 3. _____ **Date** _____

Mission, Canoe, Trek, & Backpacking Trip Forms for minors must be notarized

Subscribed and sworn before me, _____

Notary Public for _____ County, Missouri

on this _____ day of _____

Notary Public Signature _____

Health History

Date of Last Physical Exam _____

Insurance Information: Is the participant covered by medical /hospital insurance Yes No
 If so, list carrier or plan name: _____ Policy/Group #: _____
 Physician: _____ Phone: () _____
 Dentist/Orthodontist: _____ Phone: () _____

ALLERGIES List all known **Describe reaction and management of reaction**
 include medicines, food, insect stings or bites, hay fever, asthma, animal, etc. if more space is needed, please attach an additional sheet

MEDICATIONS BEING TAKEN Please list all medication (including over-the-counter or non-prescription drugs)
 Bring enough medication to last the entire time at camp. All medication must be in the original package that identifies the patient, prescribing physician (if prescription drug), name of the medicine, dosage and frequency of administration. If more space is needed, please attach an additional sheet.

Medication & Dosage. **When given & reason for taking medication**

Identify any medications taken during the school year that the participant does not or may not take during the summer.

3. _____ I authorize camp staff to administer over-the-counter medication to my child for minor pain, headache, upset stomach, sore throat, cold symptoms, or allergy.
 Parent/Guardian initial here

General Questions
 Please explain any "yes" answers on the lines below, noting the number of the question. If more space is needed, please attach an additional sheet.

- | Has or does the participant . . . | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Had a recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever been diagnosed with bleeding/clotting disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ever had back problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Ever had problems with joint (e.g. knees, ankles)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have an orthodontic appliance being brought to camp? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have any skin problems (e.g. itching, rash, acne)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever been knocked unconscious? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> | 23. Had mononucleosis in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Had problems with diarrhea/constipation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have problems with sleepwalking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 26. If female, have an abnormal menstrual history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Have a history of bedwetting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ever had seizures or convulsions? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Ever had an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Ever had emotional difficulties for which professional help was sought? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Ever been diagnosed with a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Use this space to provide any additional information about participant's behavior, physical, mental, or emotional health about which the camp staff should be aware. If more space is needed, please attach an additional sheet.

Return completed, signed form with the items 1-3 to your local church

1. Copy of Immunization Record (must include dates)
2. Copy of front and back of insurance card
3. Payment of fee -- make check out to your local church