

PLEASE PRINT

CAMP NORTHWARD 2017 Registration Form

First Time Camper @Camp Northward Yes No
Home Church _____

** Office Use Only **	
Camp Session	_____
Date Postmarked	_____ Check _____
Paid by	_____
Amount Paid	_____ <input type="checkbox"/> Check <input type="checkbox"/> Cash
	<input type="checkbox"/> Other <input type="checkbox"/> Scholarship
Conf Ltr:	<input type="checkbox"/> Email <input type="checkbox"/> Mail
Referred By	_____

In our efforts to meet the spiritual needs of campers, we offer an opportunity for them to follow Christ's teachings to be immersed in baptism. Should this camper make this decision, we will follow your instructions as indicated below. If you have any questions about our belief regarding baptism by immersion, please call us. We welcome the opportunity to discuss this with you.

- Camper is already baptized. Camper MAY Not be baptized I prefer to have my minister perform the baptism at our home church.
- I authorize Camp Northward to perform the baptism. I request to be present at the baptism..

Camper Information:

Camper's Full Name: _____ Nickname: _____
 Camper's Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth _____ Age _____ Sex: Male Female
 Grade Entering in the Fall _____ or College _____
 Home Phone (____) _____ Cell Phone (____) _____ Email _____

Parent/Guardian Information:

Camper lives with: Mother Father Both Parents Guardian/Caregiver Group Home Self
 Father's Name: _____
 Home # _____ Cell # _____ Work # _____
 Mother's Name _____
 Home # _____ Cell # _____ Work # _____
 Guardian's Name: _____
 Home # _____ Cell # _____ Work # _____
 Family Email Address: _____

Emergency Contact Information (Not Parent/Guardian) This person will only be contacted if Parent/guardian cannot be reached.

Contact Name: _____ Relationship: _____
 Phone: (____) _____ Alt. Phone: (____) _____

Authorized pickup name:

Sign out procedures are required for all campers including any camper leaving early or with someone other than parent/guardian.

If I am unable to pick up my child at dismissal, I give the following person permission to do so.

Permission given to: _____
 Parent's Signature _____ Date _____
 Signed in by : _____ Date : _____

DISMISSAL TIME ONLY

Picked up by _____ Date _____ Time _____

Medical Information/Permission Form

Primary Care Physician Contact Information

Doctor's Name: _____ Phone Number: (____) _____

Preferred Hospital: _____

Insurance Information:

Insurance Name: _____ Policy #: _____ Group # _____

Camper Insured Under: Name: _____ Relation: _____

Date of Last Tetanus Shot _____

Immunizations: DPT Series Polio Small Pox TVAP Meningitis

Medications: ALL MEDICATION MUST BE IN THEIR ORIGINAL CONTAINER

Please fill out the Medications sheet, including both prescription and non-prescription medications. All medications and a list of those medications will be turned over to the medical staff at the time the Camper is registered. If the camper requires any additional treatments or devices that must be administered by a qualified medical staff person, this must be brought to their attention at the time of check in. All medications (including non-prescription) will be dispensed by the medical staff.

Medication: _____ Dosage/Times: _____

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Medication: _____ Dosage/Times: _____

Please list additional medications on another page.

Camper Information: Eye Color _____ Hair Color _____ Height _____ Weight _____ Race _____

Distinguishing Marks _____

Allergies: Beestings Other Insect Bites Hay/Grass Dust/Mold Pollen (Seasonal) Poison Ivy

Food Allergies: (List) _____

Medicinal Allergies: Penicillin Sulfa Latex Other: _____

Medical conditions: Diabetes Heart Disease Asthma Rheumatic Fever Seizures Other _____

Notes: _____

I, the parent/guardian of the camper named on this form, give my permission for the medical personnel at Camp Northward to dispense the following medications

Tylenol Advil Kaopectate Benadryl Tums Pepto-Bismol Antibiotic Cream

Parent /Guardian Signature _____ Date _____

Financial Information

Registration Fee \$ _____

Amount Paid \$ _____ Check # _____

Balance Due \$ _____

(This amount must be paid upon arrival, unless it is the churches portion)

MY CHURCH PAYS:

***Registered Church will ONLY be billed if your Minister or North Star signs this section.**

Church Registered with: _____ Will Pay \$ _____

Church Address: _____

Church Phone : _____

Minister or North Star Signature

(Church I attend regularly (If different from above) _____

Please mail the completed application with a check payable to:

Camp Northward

P.O. Box 128, Falmouth, KY 41040

If you have any additional questions or concerns, please give us a call:

859-654-3865

**A Free T-Shirt will be given for early registration
which is May 12 , 2017**

Please circle your child's T Shirt Size

Youth Small, Youth Medium, Youth Large

Adult Small, Medium, Large, XL, 2XL, 3XL, 4XL

**You may also purchase a T Shirt when you check in for camp The
cost is \$10.00.**