



2021 EXPLORERS REGISTRATION AND HEALTH HISTORY FORM

TO REGISTER: COMPLETE THIS FORM AND EITHER MAIL TO SUGAR CREEK BIBLE CAMP; OR EMAIL TO kati@sarcreek.org

NOTE: Additional forms are required this year for COVID-19 safety and preparedness, emailed to you upon registration; or to download at www.SugarCreekBibleCamp.org.

NAME OF CAMPER _____ **Grade (Fall'21)** _____ Male Female
Day(s) Attending: June 14 , June 15 , July 16 , June 28 , June 29 , June 30
July 12 , July 13 , July 14 , July 26 , July 27 , July 28

Cost: \$35/day or \$75/ 3-day Session

Birthdate _____ **Current Age** _____ **Home Congregation/Town** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Home or Cell Phone (_____) _____ **Cell or Work Phone** (_____) _____
Parent/Guardian Name(s) _____
Parent/Guardian address (if different from camper) _____

Health History

If none apply, check here

Diseases/Conditions:

(Please list approximate dates.)

- Ear infections _____
- Heart Condition(s) _____
- Seizures _____
- Diabetes _____
- Bleeding Disorders _____
- Asthma _____
- MMR *illness?* _____
- Chicken Pox _____
- Hepatitis _____
- Fractures _____
- Operations _____
- Other _____

Medical Allergies

If none apply, check here

Life Threatening?

- Bee Stings Yes No
- Penicillin Yes No
- Other Meds: Yes No

Food Allergies

If none apply, check here

Life Threatening?

- Dairy Yes No
- Eggs Yes No
- Seafood Yes No
- Peanuts Yes No
- Tree Nuts Yes No
- Gluten Yes No
- Other foods: Yes No

Emergency Information

Emergency Contact Person - *If Mom or Dad cannot be reached.*

Name: _____

Phone (_____) _____

Family Doctor _____

Clinic: _____

Phone (_____) _____

Immunizations

Please attach a copy of camper's current immunization record.

Measles-Rubella: Yes No

Tetanus/Whooping Cough (DPT, TD or Tdap) Yes No

Date of most recent immunization _____

Please list any **chronic condition** which may affect camper, any restrictions or limitations, or **attach a detailed description with directions for care:**

Parent/Guardian Authorization and Medical Release: I give permission for the applicant to participate in all camp program activities including horseback riding, except as noted here: _____ an agree that Sugar Creek Bible Camp, its staff and volunteers, and the church sponsoring the program will not be held responsible for accidents or personal injury arising therefrom. Further, I (the parent/guardian) certify that the applicant has had a physical examination within the 12 months prior to arrival at camp, verifying that the health and physical condition of the applicant is ready for attending this event and fully participating in all activities, except those noted in this form/message. I authorize the leader of the event and camp staff to secure any medical or emergency treatment deemed necessary. Parents/Guardians will be notified in case of emergency. The applicant, or the applicant's parent/guardian, is the primary carrier of accident/health insurance. I agree that the camp and its staff will not be held responsible for lost or damaged personal property.

Parent/Guardian Signature *(required):* _____ **Date:** _____

Media Release: I give my permission for photographic and/or video images of my camper to be used in future Sugar Creek Bible Camp promotional materials or publications (including weekly DVD.) I understand Sugar Creek will not use my child's name or personal information. Yes No _____ **Initials**

Sugar Creek Bible Camp Insurance Policy: I understand that the camp insurance policy is strictly secondary coverage. _____ **Initials**
Please attach a photocopy of Insurance Card (front and back.)