2013 Registration /Medical Consent Form

Shirt size (circle) S M L XL 2XL Fee: $215.00 (Camp T-Shirts are an additional $10.00)

Circle One: High School Camp Middle School Camp Junior Camp

Last Name	First Name	Birth date	M/F	Grade completed	Age

Address _____ **City/State/Zip** _____

Phone(_____)_____Church_____Parents (Guardians) name _____

Home Phone/Emerg. _____ Cell phone:____ _____

Email _____FB/Myspace/Twitter ID:_____ Cabin Mate Preference_____

Campers Pledge

Because a successful camp needs the full cooperation and participation of each camper I promise to enter fully into camp activities within the limitation of my health, to show proper respect for the property of the camp and other campers, and to be faithful to the necessary rules of the camp which are made for the welfare of all.

Campers Signature _____Pastor's Signature _____
(I fully recommend this person for camp participation)

Medical Consent form – TO WHOM IT MAY CONCERN; As parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

Media Release authorization: By initialing, you authorize PSCYA to use media that may include your child for camp promotional material; i.e., website, Facebook, camp slideshows, promotional video's etc. **Parent or Guardian Initials:** _____

Name of Minor _____

Dates permission is effective _____Parent's phone # (_____)_____

Family Physician _____ Physician's phone # (_____)_____

Family Medical Insurance and member number _____

Specific medical allergies, chronic illnesses, or other condition _____

_____

Medications now being used _____

Any restrictions on camp activities? _____

Date of last tetanus shot? _____Additional emergency contact phone (_____)_____

I do herewith authorize the acting camp nurse to dispense non-prescription medication per manufacturer's recommendations for minor incidents of sunburn, headaches, etc. This will not be under the direction of a licensed physician**.** Please circle all that apply and sign.

Acetaminophen *Ibuprofen* *Antihistamine* *Topical lotions/* sunscreen

Parent or Guardian Signature: _____ Date_____

Staff use only; Registration paid: Ck. amount _____ & #_____ Cash _____ VM Sch._____ Staff Sch. _____

Cabin/Counselor _____ Notes _____