

ENCOUNTER WEEKEND REGISTRATION FORM

PARTICIPANT'S PERSONAL INFORMATION

Name _____ Birth date _____ Gender _____ Age _____
Last First MI

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

EMERGENCY CONTACT(S) INFORMATION

Name _____ Relationship _____
Last First

Home Phone _____ Cell _____ Work _____

Name _____ Relationship _____
Last First

Home Phone _____ Cell _____ Work _____

MEDICAL RELEASE

HEALTH HISTORY (date diagnosed)

_____ Frequent Ear Infection	_____ Chicken Pox	_____ Diabetes	_____ Mononucleosis
_____ Bleeding/Clotting Disorder	_____ Measles	_____ Asthma	_____ Meningitis
_____ Frequent Sore Throat/Strep	_____ Mumps	_____ Seizures	_____ Autoimmune Disease
_____ Hand, Foot, Mouth Disease	_____ German Measles	_____ Heart Defect/Disease	_____ Tuberculosis

ALLERGIES

Drug _____
Environmental _____

IMMUNIZATIONS

_____ Tetanus (last due)
Other, please specify _____

Chronic or recurring illness or medical condition (not noted above) _____

Any treatment to be continued at camp _____

Any medically prescribed meal plan or dietary restrictions (*please notify camp staff two weeks prior to arrival*) _____

Activities to be discouraged or limited _____

Additional health information _____

Describe any physical condition, medications or allergies that require special consideration _____

Current medications (Send with instructions in original container) _____

Signature of Participant _____ Date _____

Signature of Guardian _____ Date _____
(if under 18 years)