



2010 Camper Registration Form

Kentucky Conference Camp & Retreat Ministry

“A Ministry of the Kentucky Conference of The United Methodist Church”

This Registration is for a camp at (circle one) **Aldersgate Loucon Ruggles**

Upon completion, please mail all 4 pages to the specific camp.

Family Information				
Parent/Legal Guardian 1		Parent/Legal Guardian 2		Camper Address
Title (Mr./Mrs./...)		Title (Mr./Mrs.)		Street
Last Name		Last Name		City
First Name		First Name		State
Home Phone	()	Home Phone	()	Zip
Work Phone	()	Work Phone	()	Parental Status (circle one): Married Divorced Single
Cell / Pager	()	Cell / Pager	()	
E-mail		E-mail		
Emergency Contact Information (other than parents)				
Contact 1 Full Name		Contact 2 Full Name		
Contact 1 Relationship		Contact 2 Relationship		
Contact 1 Home #	()	Contact 2 Home #	()	
Contact 1 Work #	()	Contact 2 Work #	()	
Contact 1 Cell #	()	Contact 2 Cell #	()	
Church Information				
Church Name		Minister's Name		
Church Address		District (if United Methodist)		
Church City, State, Zip				
Please Note: If church is paying for all or part of the camper's fee, please have a church official fill out the information below (in addition to what you have already included). If this section is not completed, the parent/guardian will be responsible for the remaining balance upon the camper's arrival.				
Church Payment Option				
To Be Filled Out By Church		Rush—Limited Space Available!		
Amount Church is paying		Signature of Minister or Church Officer		

Please Note: For the church payment option to work, all of the church information listed above must be filled out in addition to the total amount the church will pay and the signature of a church official.

Camper Information			
Last Name			First Name
Likes to be called			
Date of Birth			
Gender (circle one)	Male	Female	
Grade entering in the fall			School
Age first day of camp			Health Insurance Carrier
Camper's E-mail			Policy Number
Shirt size (circle one)	Child: M L	Adult: S M L XL XXL XXXL	
Primary insured name			

Camp Session Registration Section			
First Choice Camp Session		Second Choice Camp Session	
Camp Name			Camp Name
Dates of Camp			Dates of Camp
# of years attended	1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009		
Cabin Mate Request 1 st choice			Cabin Mate Request 2 nd choice

Cabin mate preference will be considered but not guaranteed.

(For LOUCON Campers) MONEY CARDS: Anyone wanting to pay in advance for money cards at Loucon may include this payment with their camper fees. Campers use money cards to purchase snacks and merchandise during their canteen time at camp. We suggest \$2 cards for 1 night campers, \$5 cards for 3 night campers, and \$10 cards for 5 or 6 day campers. You may send more money; however, \$20 is the maximum that any camper should have. Campers or parents may purchase merchandise for the campers at the end of camp. Money left over after the week may be refunded at the canteen in dollar increments. Anything under a dollar will go into the camper scholarship fund.

Amount for LOUCON Money Card	\$____.____	Loucon Camp Picture CD \$7.00	\$____.____
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Aldersgate Canteen Cards are available during registration.

Reservations will not be confirmed until registration form, with payment, has been received by the specific camp office. Confirmation letters will be e-mailed / mailed to confirm your reservation.

In signing this application, I hereby certify that the above information is correct and give permission and consent for my child to participate in any and all camp activities. I certify that my child is in good physical condition for all camp activities. I give permission for the use of photographs and video including my child in camp publicity and on the website, for the distribution of my child's mailing address out to campmates and for the release of medical records for insurance purposes in case of illness or accident. I also acknowledge that I am aware that my camper may be transported for special activities in the camp van. I understand that the nature of outdoor camping ministries includes some risk of injury or death. I realize that children at camp can become ill and need medical attention. I hereby give permission to the Camp Health Care Provider to give over-the-counter medication (such as Tylenol, etc.) to my child as proper treatment as deemed necessary for minor ailments. I realize that children at camp can injure themselves without fault on the part of camp personnel. I hereby release Aldersgate, Loucon, Ruggles, & the Kentucky Conference of the UMC from responsibility for injury to my child. I agree to submit my insurance claims to my insurance carrier first and will only use camp's insurance plan as a secondary insurance. In case of medical emergency, I hereby give permission to the physician, nurse, hospital, etc. selected by the Camp Director (or his representative) to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named below. This completed form may be copied for transportation record.

_____ X _____ Camper's Name	_____ X _____ Signature of parent or Guardian	_____ Date
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I understand the above permission form, agree to it, and I will cooperate with the program and policies of Aldersgate, Loucon, Ruggles, & the Kentucky Conference of the UMC.

X _____ Camper's Signature (age 7 and older)	_____ Date
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Camper Name _____

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Is there anything else you can think of that would help the staff make this camping experience a better one for both your camper and for other campers?

Donations: Anyone wanting to give a tax deductible donation to this camp ministry may add that amount to your registration fees.

Amount for Donation to Camp:	\$ _____
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If you are planning to have your child depart camp with persons other than yourself, please read and complete the following:

I give my consent for the person/persons listed below to be the only person/persons to transport my child from Aldersgate, Loucon, or Ruggles ministries of the Kentucky Conference of the UMC. The camp staff should **NOT** allow my child to leave the premises with anyone other than those named below.

Who Can Pick Up Your Child?

Parent/Guardian #1 Name		Parent/Guardian #2 Name	
Other Designated Person #1		Other Designated Person #2	

Is There Anyone Who Must Not Pick Up Your Child?

Person #1		Person #2	
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X _____ Date _____
Parent/Guardian Signature

TO BE SIGNED BELOW AT CONCLUSION OF CAMP:

Camper picked up by:

Signature of Designated Person

Signature of Camp Staff

Date

Credit Card information: (for camps at Loucon only) If you would like to pay by credit card please fill in the information below. Loucon accepts MasterCard, Visa, and Discover.

Credit Card #: _____ Expiration Date: _____ 3 digit security Code: _____

Name on the Card: _____ Address if different from earlier info: _____

Card Type: _____ Signature for credit card authorization: _____ Date: _____

Aldersgate Campers may pay with credit card online.

For Office Use Only:

Camp registered in:		Church paid:		
Method of payment:		Church owes:		
Deposit/payment date:		Parent paid:		
Check or Credit Card #		Parent owes:		
Payment amount:		Other:		
Notes:	Buddy Assigned to Vacationer:			

Camper Name _____

2010 Camper Health History / Medical Release Form

Please complete and turn into camp either prior to camp or on the start day of camp. This information is important to enable camp to provide the best possible care and experience while your camper is in our care. It will not be utilized to treat your child differently; we provide the same loving experience for all. Please complete the following additional information:

Camper's Doctor's Name: _____ Doctor's phone _____

Camp Session(s) Registered for: _____ @ (circle one) Aldersgate Loucon Ruggles

1. Is camper on any medications? No ____ Yes ____ . If yes, please list medicines and purpose of each: _____

2. Give a description of any current conditions requiring medication, treatment, or special restrictions or considerations while at camp:

3. Does the camper have any behavioral concerns we should know about?

4. Give a record of past medical treatment:

5. List a record of the camper's immunizations, including date of last tetanus shot:

6. Please circle allergies camper has: None Bee Sting Penicillin Sulfa Drug Other (Please List:)

7. Provide a record of any dietary restrictions or needs the camper may possess: _____

8. Are there any camp activities that the camper should not participate in due to physical/psychological reasons?

Note: All medications brought to camp are handled by the Camp Health Care Provider.

Is the camper generally in good health and able to participate in all normal camp activities? Yes ____ No ____

Most Recent Physical Examination ____/____/____

I hereby certify that the above information is correct and give permission for the release of medical records for insurance purposes in case of illness or accident.

Parent/Guardian Signature _____ Printed Name _____

If there are changes or additions to the information listed above before your arrival, please inform our health care provider upon your arrival or call ahead.