

Remix Summer Camp 2009 (Jr. and Sr. High)

Registration Form

Please print clearly

Today's Date: _____

Camper Name: Last: _____ First: _____

Birthday (MM/DD/YY): _____ Gender: _____

Grade ('08-'09 school year): _____ Church: _____

Cabin Mate Request: _____

Street Address: _____

City: _____ Zip Code: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact Information (Other than parent/guardian)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Medical Information

Medications brought from home: All prescription and over-the-counter medications must be turned in at check-in upon arrival at camp. All prescription medications must be in the original pharmacy bottle, labeled with the patient name and physician's ordered dose on the back (e.g., pills in Ziploc baggies are not okay). Non-prescription/over-the-counter medications, including vitamins and herbal supplements, must also be in their original containers. Campers are allowed to carry one inhaler with them at camp, if medically necessary.

The following over-the-counter medications are dispensed during our summer camp sessions as needed: acetaminophen, ibuprofen, antihistamine, throat lozenges, anti-nausea, anti-diarrhea, antibiotic ointment, anti-itch cream, ipecac, aloe, eyewash and sunscreen.

Please list any exceptions to the over-the-counter medications listed above including allergies and reactions:

(more on back)

Please list any allergies or dietary restrictions and reactions:

Tetanus Booster up-to date? Yes No (circle one)
Immunizations up-to date? Yes No (circle one)

List Current Medications: _____

List Current Medical Conditions: _____

Does student have any physical limitations? If yes, please explain: _____

Parent/Guardian Consent for Minors

"My child has my permission to participate in all activities on or off the grounds. In case of a medical emergency for my child, I hereby authorize New Horizon Christian Center staff to act in their best judgment to seek medical attention through appropriate means, including emergency room treatment as deemed appropriate by attending medical personnel. I also accept responsibility for expenses incurred through such treatment."

Parent/Guardian Signature: _____

Payment Information

*All registrations require a minimum down-payment of \$30.00
(This payment is part of the camp fee, NOT in addition to)*

**Camper Cost: \$225.00 per camper before May 20th or \$250.00 due by June 17th
All payments are non-refundable and non-transferable**

Payment Method: _____ Total Amount Paid: _____

Check # _____

Cash

Credit Card Type of Card: _____ Credit Card #: _____

Card Holder's Signature: _____

Payment Received By: _____