Mail completed form with 50% of the camp fee to: Stronghold, P.O. Box 199, Oregon, IL 61061

Registration gives Stronghold permission to provide transportation and to use registrant's image in publicity materials (photos, videos, quotes, stronghold website) unless you indicate otherwise.

Final Payment is due 2 weeks before your camp begins

GRANDCAMP REGISTRATION FORM (Grandchild)

Please make sure each grandchild has a seperate form, photocopy this form or download more forms at www.strongholdcenter.org

please PRINT clearly

First Name ____Last Name____

Address____ Phone__________________________

City____ State___________________ Zip_______________________________

Email Address____ This is my _____________(#) year at camp

Birthdate ____/___/___ Age_____ Sex______ Grade completed by June ________________________________

Grandparent's name(s) ____

* Custodial Parent/Guardian (to be used as primary contact) ____

Relationship to Camper _________________ Phone________________________ Alt. Phone ______________________

* Secondary Contact (if primary is unavailable)______________________ Relationship to Camper _________________

Phone______________________________ Alt. Phone _______________________________

Name of Church______________________________ Denomination_____________________ City____________________

I/We chose Stronghold because ____

T-Shirt Size (circle ONE only) Youth: M L Adult: S M L XL XXL

Payment Method: check enclosed $______________

________VISA ________Mastercard Credit Card # ___________________________ Expiration date _________

Credit Card # _____________________________ Expiration date __________ 3 digit code (on back) ______________

Are you receiving a scholarship from a church, Presbytery, or other source? ______ Yes ________ No

If so, what is the organization name? ____ Amount $______________

HEALTH HISTORY

Any changes to this form MUST be provided upon participant's arrival at camp.

Insurance Information

Is the camper covered by family medical/hospital insurance? YES _____ NO ____

A photocopy of your insurance card is required

Carrier: __________________________________ Policy/Group # _____________________________________

Name of Insured_______________________________ Relationship to Camper ________________________

Please continue on next page

Medications

Please list ALL medications (prescription and over-the-counter) taken routinely. Bring enough medication to last the entire time at camp. Keep all medication in its original container with correct dosage and frequency information from the doctor. Present ALL medication to the camp nurse at registration.

***Updates can be made during registration**

______ This camper takes NO medication on a routine basis
______ This camper takes medications as follows:

Med # 1 ________________________________ Dosage_____________________ Times Taken____________________
Reason for taking____

Med # 2 ________________________________ Dosage ____________________ Times Taken_____________________
Reason for taking ____

Attach additional pages for more medications

_____ Medications taken during the school year only:____

ALLERGIES – List all known

Medication allergies____

Food allergies____

Other allergies (insect bites, hay fever, etc.)____

Describe reaction and management of the reaction ____
____

HEALTH HISTORY (Please check if yes) Has/does the camper:

___ Have a chronic/recurring illness or condition?
___ Ever had surgery?
___ Ever had a head injury?
___ Ever had frequent ear infections?
___ Ever had seizures?
___ Had mononucleosis in the Pat 12 months?
___ Ever been hospitalized?
___ Have frequent headaches?
___ Wear glasses or contact lenses?
___Ever passed out during exercise?
___ Have heart disease or defect?
___Have diabetes?
___ Have a history of bed-wetting?
___ Have problems with sleepwalking?
___ If female, have an abnormal menstrual history?
___Ever had an eating disorder?
___Need any restrictions to camp activities?

Please explain any "yes" answers including dates____
____

Please provide any additional information about the camper's behavior and physical, emotional, or mental health which would help us to better understand and nurture your child____
____
____

IMMUNIZATIONS

You MUST provide a photocopy of the camper's immunization record. Please attach to this form.

Your physician's name ________________________________ Office Phone _________________________

This REGISTRATION FORM is correct so far as I know and by registering the camper named on this application, I herby give permission for him/her to fully participate in all camp activities as well as be transported in camp-approved vehicles driven by camp-approved drivers for camp approved activities unless I attach a separate page to this application which prohibits my child from participating in a specified activity.:

I hereby give permission to Stronghold Camp to order x-rays, routine test, treatment; to release any records necessary for insurance purposed; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person registered above.

I hereby give permission to the Stronghold staff to dispense my child's prescription medication

I hereby give permission to Stronghold staff to share and exchange medical information about my child with the following:

The Camp Counselor and Camp Director for my child.
The secondary contact person listed on this form, if I cannot be reached
The emergency first responders and to the receiving hospital/physician

SIGNATURE of Parent/Guardian *(signature indicates information has been read)*____

PRINTED NAME ____ DATE______________________________________