

# NORTHWARD CHRISTIAN ASSEMBLY, INC.

## *2010 HANDI-CAMP CAMPER REGISTRATION FORM*

CAMPER NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

CHURCH YOU ATTEND \_\_\_\_\_

IMMERSED CHRISTIAN? YES \_\_\_\_\_ NO \_\_\_\_\_ MINISTER'S NAME \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (day) \_\_\_\_\_ (night) \_\_\_\_\_

### SESSION ATTENDING(check one):

**Handi-Camp I—June 6-10 (Ages 25 & older)**

**Handi-Camp II---July 5-9 (Ages 9-24)**

**INSURANCE COVERAGE:** Northward will provide a co-insurance program for all participants. This modest accident policy will pick up whatever deductible the camper family coverage does not pay. In the event that a camper does not have accidental insurance, Northward's policy will become primary coverage for Camp related accidents only. Parents should list their Insurance Company and policy number on this registration form.

INSURANCE COMPANY NAME \_\_\_\_\_ POLICY # \_\_\_\_\_

**IN CASE OF EMERGENCY:** By signing this form, I hereby give permission to the physician selected by the Camp Management to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this card. I understand however that every effort will be made to contact me in case of such an emergency, and, if possible, before any such medical treatment is administered.

Completion of this form gives permission by the signer for participation in the full program of this Handi-Camp session of Camp Northward by the camper. Northward Christian Assembly, Inc., its staff and workers are released from responsibility other than normal care and supervision required. It is understood that all "Camp Rules" are to be kept by the camper. In case of accident, I will not hold Northward Christian Assembly, Inc., staff, management, trustees, or officers liable unless guilty of gross disregard for the safety and welfare of the camper.

\_\_\_\_\_ **I DO NOT** give permission for any photos taken of my child during the camp session to be used in promotional literature or for website purposes.

SIGNATURE PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

(OVER)

**PLEASE FILL OUT THE FOLLOWING INFORMATION COMPLETELY!  
CAMPER MEDICAL INFORMATION**

\*Family Doctor (Name & Phone Number)\_\_\_\_\_

Preferred Hospital\_\_\_\_\_

\*Date of last Tetanus Shot\_\_\_\_\_ (If this is not completed, the shot will be given in case of emergency.)

\*List allergies and describe \_\_\_\_\_

\*Circle all items that apply to your camper. 1. Usually sleeps through the night. 2. Wakes at intervals.  
3. Sleep walks. 4. Has nightmares. 5. Afraid of the dark. 6. Other

\*What is the specific diagnosis from your doctor as to the disability(ies) of your camper?\_\_\_\_\_

\*What specific physical disabilities does your camper have \_\_\_\_\_

\*If your camper has a mental disability, please circle the extent:

1. Mild                      2. Moderate                      3. Severe

\*What is the usual type of discipline used for your camper?\_\_\_\_\_

\*How does your camper react to new experiences?\_ \_\_\_\_\_

\*List any fears your camper has (e.g. thunderstorms, water)\_\_\_\_\_

\*Can your camper go up and down steps?\_\_\_\_\_ Can he/she do it alone? \_\_\_\_\_

\*My camper needs help (**CIRCLE ALL THAT APPLY**) 1. Dressing 2. Eating 3. Bathing  
4. Writing 5. Brushing Teeth 6. Swimming 7. Getting in & out of bed 8. Other\_\_\_\_\_

\*If your camper is a female, what was the date of her last menstrual period?\_\_\_\_\_

\*Does your camper ever have seizures? If yes, please describe\_\_\_\_\_

\*Is the camper subject to periods of marked hyperactivity?\_\_\_\_\_

Is any medication necessary at these times?\_\_\_\_\_

**CIRCLE ANY OF THE FOLLOWING THAT ARE EXPERIENCED BY THE CAMPER:**

1. Speech Impediment 2. Fainting or Blackouts 3. Cardiac Condition 4. Diabetes 5. Hearing Problems  
6. Nonverbal 7. Sensitive to Sunlight 8. Asthmatic Attacks 9. Visual Difficulty 10. Wheelchair  
11. Other \_\_\_\_\_