

# Camper Registration Card

Camper Name \_\_\_\_\_  
 Camper Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_  
 Sex M / F Age \_\_\_\_\_ Grade in Fall \_\_\_\_\_  
 Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Immersed Y / N  
 Church I Attend \_\_\_\_\_  
 Church Registered Through \_\_\_\_\_  
 Minister's Name \_\_\_\_\_

**Parent/Guardian Info** (For Address Above)  
*Signature required on back*

Father's Name \_\_\_\_\_  
 Wk # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Wk # \_\_\_\_\_ Cell # \_\_\_\_\_

**2nd Household** (if applicable)

Home Phone ( ) \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Wk # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Wk # \_\_\_\_\_ Cell # \_\_\_\_\_

**Check the session you plan to attend**

Camp Session	Age (on 10/1/09)	Dates	Fee	Early Discount*
<input type="checkbox"/> Day Camp	5 & 6	June 19	\$44	-\$10
<input type="checkbox"/> First Timers	7	June 17-18	\$73	-\$10
<input type="checkbox"/> Adventurers	8	June 14-16	\$89	-\$10
<input type="checkbox"/> First Junior	9 & 10	July 5-10	\$200	-\$30
<input type="checkbox"/> Second Junior	9 & 10	July 26-31	\$200	-\$30
<input type="checkbox"/> Pow-Wow I	9 & 10	July 19-21	\$105	-\$20
<input type="checkbox"/> Pow-Wow II	9 & 10	July 22-24	\$105	-\$20
<input type="checkbox"/> Intermediate	11 & 12	July 19-24	\$185	-\$30
<input type="checkbox"/> Intermediate Wilderness Boys	11 & 12	June 21-25	\$175	-\$20
<input type="checkbox"/> Intermediate Wilderness Girls	11 & 12	Jun 28-Jul 2	\$175	-\$20
<input type="checkbox"/> Intermediate Wilderness III	11 & 12	August 2-6	\$175	-\$20
<input type="checkbox"/> Junior High	13 & 14	July 12-17	\$195	-\$30
<input type="checkbox"/> Junior High Wilderness I	13 & 14	June 7-11	\$175	-\$20
<input type="checkbox"/> Junior High Wilderness II	13 & 14	July 5-9	\$175	-\$20
<input type="checkbox"/> Junior High Wilderness III	13 & 14	July 26-30	\$175	-\$20
<input type="checkbox"/> Senior High	15-coll fresh	June 21-26	\$195	-\$30
<input type="checkbox"/> Senior High Wilderness I	15-coll fresh	June 14-19	\$235	-\$30
<input type="checkbox"/> Senior High Wilderness II	15-coll fresh	July 12-17	\$235	-\$30

**\*\*A special registration is required for Handi Camp.  
 Please call the camp office at: (859) 654-3865**

Camp Fee \$ \_\_\_\_\_  
 \*\*My Church pays \$ \_\_\_\_\_  
**Total Due = \$ \_\_\_\_\_**  
 \*Early Discount - \$ \_\_\_\_\_  
 (apply if registered two  
 Weeks before your camp)  
 Amount Enclosed \$ \_\_\_\_\_  
 Balance Due \$ \_\_\_\_\_

**\*\*To be completed by minister or  
 Northstar if your church pays  
 any part of your camp fees:**

\_\_\_\_\_ Church  
 Will pay \_\_\_\_\_ of camp fees.

Minister/Northstar Signature

**For Office Use Only**

Date Received \_\_\_\_\_  
 Paid by Camper \_\_\_\_\_  
 Paid by Church \_\_\_\_\_  
 Balance Due \_\_\_\_\_

**IN CASE OF EMERGENCY:**

(Parent/Guardian: Please read carefully)

**Signature is REQUIRED!**

- I 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 in case of an emergency. 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.
- I give permission for my child to take part in all activities of the Camp Northward program, and agree to be bound by all camp policies in force.
- I realize camp insurance is a secondary insurance and will pick up whatever deductible the camper family insurance does not pay. If the camper does not have insurance Camp's policy will become the primary coverage for camper related accidents only.
- I hereby release the Camp from any responsibility other than normal supervision and care. In case of an accident, I will not hold Camp Northward or its staff members, management or officers liable unless guilty of negligence.
- I hereby state that I have completed my child's "Medical History Information."

Parent Signature \_\_\_\_\_  
 Date Signed: \_\_\_\_\_

# Medical History & Consent Card

Camper's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Family Doctor's Name \_\_\_\_\_ Dr. Phone: ( ) \_\_\_\_\_  
 Date of Last Tetanus Booster: \_\_\_\_\_ (if not completed, this shot will be given in an emergency)

**CAMPER ALLERGIES**

- Bee Stings
- Other Insect Bites
- Poison Ivy
- Hay/Grass
- Penicillin
- Other (Food/Medicine)

**MEDICAL CONDITIONS**

- Diabetes
- Asthma
- Seizures
- Heart Disease
- Rheumatic Fever
- Other \_\_\_\_\_

**MEDICATIONS PERMITTED**

- Tylenol
- Advil
- Benadryl
- Pepto-Bismol
- Kaopectate
- Tums
- Antibiotic Cream

*By signing this form, I give my permission for the medical technician to dispense these over-the-counter medications to my child (only if needed) while at Camp.*

- I understand I am responsible to give First Aid staff any medications the camper must take, in original containers with proper dosage clearly marked.

My Health Insurance Company Name \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group # \_\_\_\_\_

If I am unable to pick up my child at the Closing Program, I give \_\_\_\_\_ permission to bring my child home.

- 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.