**INDIVIDUAL REGISTRATION FORM**

**LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_ M/F**

**GRADE COMPLETED: 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12**

**ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_**

**EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTS NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM ATTENDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAMP FEE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**REGISTRATION FEE: A NON-REFUNDABLE REGISTRATION FEE OF $150 IS REQUIRED AT TIME OF REGISTRATION.
*THE $150 REGISTRATION FEE GOES TOWARDS THE CAMP FEE. REFUNDS WILL BE GIVEN AT THE DISCRETION OF THE CAMP DIRECTOR.*PERSONAL PAYMENT: $\_\_\_\_\_\_\_\_\_\_\_\_ CHURCH WILL PAY: $\_\_\_\_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
BUS PAYMENT: $\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS OF CHURCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
CHURCH PAYMENT: $\_\_\_\_\_\_\_\_\_\_\_\_ (ENCLOSED WITH REGISTRATION)
TOTAL ENCLOSED: $\_\_\_\_\_\_\_\_\_\_\_\_**

**TRANSPORTATION: THE FEE FOR TRANSPORTATION IS $150. THE FEE IS THE SAME FOR ONE WAY OR ROUND TRIP.
PLEASE CIRCLE THE PICKUP LOCATION AND THE DROP-OFF LOCATION FOR YOUR CAMPER.
 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*LEAVING\_\_\_\_\_\_\_\_RETURNING (CENTRAL STANDARD TIME)
SIOUX FALLS HAWTHORNE ELEMENTARY 9:00AM 6:30PM
SALEM I-90 TRUCK STOP EXIT #364 10:00AM 5:30PM
MITCHELL TRUCK HAVEN EXIT #332 10:45AM 4:45PM
PLANKINTON COFFEE CUP EXIT #310 11:15AM 4:15PM
OACOMA AMACO/ARBY’S EXIT #260 12:45PM 3:15PM
VIVIAN CONVENIENCE STORE EXIT #212 2:00PM 1:45PM**

**I AGREE TO PARTICIPATE FULLY IN THE PROGRAM FOR THE CAMP I CHOOSE TO ATTEND. I WILL COOPERATE WITH CAMPERS AND LEADERS, ABIDE BY CAMP POLICIES AND REGULATIONS AND ATTEND THE ENTIRE SESSION.**

**\*CELL PHONES AND MEDICATIONS WILL BE TURNED IN TO CAMP STAFF.
\*CAMPERS WILL STAY WITH THE GROUP AT ALL TIMES.**

**I HAVE READ AND UNDERSTAND THE ABOVE RULES.**

 **CAMPER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PASTOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH INFORMATION**

**EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECOND CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **FOOD ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE LIST ALL MEDICATIONS:

MEDICATION DOSAGE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/NOON/PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/NOON/PM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/NOON/PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/NOON/PM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/NOON/PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/NOON/PM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/NOON/PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/NOON/PM**

**ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS AND WILL BE TURNED IN TO CAMP STAFF.**

**INSURANCE CARRIER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARTICIPANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The person herein described has permission to engage in all camp activities. In the event that I cannot be reached immediately in an emergency, I hereby give permission to the physician or hospital selected by the camp to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child named above. I hereby give permission to the assigned camp staff to administer any over-the-counter medication or prescribed medications that I have furnished in required doses. I give permission for camp staff to take photos/videos of my child for camp promotion.

In consideration of the opportunity to participate in camping activities at Placerville Camp, operated by the South Dakota Conference of the United Church of Christ, I do hereby for myself and, if signing the release as a parent or guardian, on behalf of such child or ward, freely and voluntarily waive any right or cause of action of any kind whatsoever arising as a result of such camping activity from which any cause to me, my child, or ward, as the case may be, and do specifically release the Conference, its agents, officers, employees and volunteers from all liability of any kind on account of loss, injury, damage or death that may be suffered in connection therewith, including transportation.

Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_