

DAY CAMP REGISTRATION

CAMP TALL TURF AT NELAND CHURCH

Turn in the completed registration and a \$25 **non-refundable** deposit per child:
Neland Avenue Christian Reformed Church, 940 Neland Ave SE, Grand Rapids, MI, 49507.
(616)245-0669 - e-mail: office@neland.org
Checks made payable to Neland Church.

Camper Name _____ Male/Female (circle one) Birthdate _____

Address _____ City/State/Zip _____

Age at camp _____ Grade (Fall '18) _____ School _____

Church _____ Denomination _____

Race/Ethnicity (optional) White Black/African American Hispanic/Latino Asian/Pacific Islander First People/Native American Other: _____

Parent/Guardian _____ Relationship _____ Email _____

Home Phone _____ Cell Phone _____

If you are unable to pick your child up, please give the names of two adults who have permission to do so:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Emergency Contact _____ Phone _____ Doctor _____ Phone _____

Camper Behavior Agreement: Neland Church and Camp Tall Turf seek to provide a safe, peaceful, and fun environment for all participants. So that we can ensure this, each camper is required to sign the following Camper Behavior Agreement. Any noncompliance by a camper may result in that individual being sent home.

- I will participate in all camp activities.
- I will obey the rules of Neland Church and Camp Tall Turf as told to me by camp staff.
- I will respect all persons, creatures, and the natural environment while at camp.
- I will respect church/camp property and other people's personal property.

Camper Signature: _____

Printed Name: _____

Date: _____

Permission/Authorization (*This completed form may be photocopied for trips out of camp and for use in the health office.*)

- In case of emergency, I hereby give permission to the administration of Neland Church and Tall Turf Ministries (Camp Tall Turf) to disperse all given medications and to secure proper treatment for my child, including hospitalization, anesthesia, surgery and/or routine nonsurgical medical care, if so needed in the opinion of an available or attending physician at the time.
- I consent to allow Neland Church and Tall Turf Ministries to provide my child with transportation to and from camp if necessary.
- I acknowledge that Neland Church and Tall Turf Ministries are not responsible for any lost, stolen or damaged personal property that my child brings to camp.
- I certify that the above information is true to the best of my knowledge.
- I give permission for the use of photographs, videos/DVDs, and recordings including my son or daughter to be used in camp/church publicity and/or publications.
- I understand the nature and rules of the camper behavior agreement and agree to its terms and conditions being ensured by camp staff.
- I consent to my child's participation in all camp activities.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Camper Signature: _____

Printed Name: _____

Date: _____

For office use only—Registration Fee rec'd:

Date Received:

Conf: Y/N

Database: Y/N

Emergency/Health Info

Name of Health Insurance Provider _____ Policyholder's Name _____

Policy# _____ Group# _____ No coverage? Check here

Is the camper experiencing any of the health, behavioral or emotional conditions listed below?

- Hay fever/asthma/wheezing Diabetes Eczema/frequent skin rashes Heart trouble Colds/sore throats/ear aches
- Convulsions/seizures Shortness of breath Aspergers/Autism ADHD ODD OCD
- Sensory Concerns: _____ Other _____

List any previous operations, injuries, physical, emotional, social or mental limitations that may restrict the campers activity _____

Does the camper have any infectious disease? Yes No If yes, explain _____

List any known allergies or dietary restrictions (please include the typical reaction and treatment) _____

Immunizations (list latest date) Tetanus booster __/__/__ Measles/Mumps __/__/__ Polio __/__/__ Hepatitis B __/__/__ (Or attach a copy of immunization record.)

Medications (Please bring medications to camp check-in. All medications must be in original containers.)

Medication Name _____ Frequency _____ Dosage _____

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Medication Name _____ Frequency _____ Dosage _____