




## CAMP BROSEND 2022 Middle School ONE DAY Registration Form

**First Time Camper – please list the name of the camper who invited you to join us this year:**

NAME OF CAMPER \_\_\_\_\_ Grade Completed (May 2022) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth First Middle Last \_\_\_/\_\_\_/\_\_\_

Gender (as listed on birth certificate) \_\_\_\_\_

### MOTHER/GUARDIAN

(Does camper live with this parent? \_\_Y \_\_N)

Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

### FATHER/GUARDIAN

(Does camper live with this parent? \_\_Y \_\_N)

Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

### EMERGENCY CONTACT (must be an ADULT other than parents/guardians listed above)

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Church Name/City \_\_\_\_\_ Has camper been baptized? \_\_yes \_\_no

### **PLEASE READ THE FOLLOWING STATEMENTS COMPLETELY AND SIGN BELOW:**

I understand that there are risks involved with participation in camp activities that may include (but are not limited to) hazards associated with physical activity, exposure to wildlife, elements of weather, accidents/illness, and damage to personal property. I give my permission for the staff and volunteers of Camp Brosend to act within the scope of their medical training in performing basic first aid on my child in case of an accident or medical emergency. I understand that further medical treatment, including Emergency Medical Services care and treatment from a hospital or medical center, may be sought without notifying me first in any instance when timely treatment is necessary or when I am unable to be contacted. I understand that I am responsible for any and all costs associated with the medical treatment of my child. I understand that pictures/video may be taken of me and/or my child while participating in activities at Camp Brosend and that these pictures/video may be used in publications, promotions, websites, and slide shows.

**I KNOWINGLY AND VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR RISKS INVOLVED IN MY CHILD'S PARTICIPATION. I AGREE TO RELEASE, INDEMNIFY, AND HOLD HARMLESS CAMP BROSEND, ITS TRUSTEES, OFFICERS, EMPLOYEES, AND ATTORNEYS FROM ANY AND ALL CLAIMS, ACTIONS, AND/OR LOSSES FOR BODILY INJURY, PROPERTY DAMAGE, WRONGFUL DEATH, LOSS OF SERVICE, OR OTHERWISE WHICH MAY OCCUR AS A RESULT OF PARTICIPATING IN THIS ACTIVITY.**

CHILD'S NAME \_\_\_\_\_ PARENT/GUARDIAN PRINTED NAME \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date

**CAMP BROSEND**  
**ONE DAY Health Information Form**



NAME OF CAMPER \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_  
First Middle Last

<b>Allergies (please check all that apply and list details):</b>	
	Type and extent of reaction:
<input type="checkbox"/> Food:	
<input type="checkbox"/> Medicine:	
<input type="checkbox"/> Animal/Insect:	
<input type="checkbox"/> Plant:	
<input type="checkbox"/> Other:	
<input type="checkbox"/> NO KNOWN ALLERGIES	

**General Health:**  
Please list any conditions camper is currently dealing with and treatment currently receiving (including but not limited to diabetes, seizures, chronic illness, anxiety, etc.):

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Please list any over-the-counter medications that **SHOULD NOT BE GIVEN** to your child:

<b>Mental/Emotional/Social Health:</b>		
Has camper been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD)? If yes, please list current treatment and coping methods:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does camper exhibit emotional/behavior difficulties or mental illness? If yes, please explain and include any treatment plans currently in place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does camper struggle with anxiety issues on a consistent basis that might present a challenge during camp activities? If yes, please list details about triggers & how the anxiety presents, current treatment, and coping methods:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PLEASE READ THE FOLLOWING STATEMENTS COMPLETELY AND SIGN BELOW:**

I certify that the information I have provided on this Health Information Form is complete and accurately reflects the health status of my child. My child has permission to participate in all camp activities unless otherwise noted by me or a physician. I understand that the information on this form will be shared with the Camp staff/volunteers as necessary to assist in creating a safe and positive camp experience for my child. I understand that I am responsible for any and all costs associated with the medical treatment of my child.

CHILD'S NAME \_\_\_\_\_ PARENT/GUARDIAN PRINTED NAME \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date