

**RBGY Camp**

**August 12-18, 2018**



Dear Prospective RBGY Camper and Leaders,

We are excited about another year of RBGY Camp! The camp will be held at Lakeside Christian Camp & Conference Center, in Pittsfield, MA. This facility is a beautiful location in the Berkshires with a half-mile of lakefront on Richmond Pond. The dates for this year’s camp are **August 12-18, 2018**. RBGY Camp will accept qualified Awana achievers from New England, New York State, and Pennsylvania!

Lakeside Christian Camp welcomes RBGY Camp to its facilities. Lakeside offers a full slate of recreational activities, including a beautiful lakefront and beach area (swimming, boating, & tubing), fishing, archery and BB guns, gaga, wiffleball, soccer, ultimate Frisbee, crafts and a well-supplied game room. RBGY Camp offers both 5th-8th grade and 9th-12th grade camping.

The complete cost of our six-day camp is **$460**. Your application must be accompanied by a $200 registration fee. **All registrations should be received by July 1, 2018.** The $260 balance is due by August 1, 2018. The camp fee includes the team T-shirt, RBGY water bottle, Bible teaching material designed for RBGY Camp, and all free-time activities.

**We actually will accept applications right up to the day of camp, but after August 1 you should call Lori Carlson at 860-632-0245 to confirm registration.**

**Early Bird Discount: There will be a $30 discount if your application and full payment are received by July 1, 2018.**

Campers must be at least 9 years old by the first day of camp. High School aged campers must be at least 13 years old by the first day of camp.

**There is no official Awana book requirement for RBGY Camp. We strongly encourage campers to complete their Awana book each year, but we only require first time campers to have participated in an Awana club in order to qualify for camp.**

**We also recognize that many churches do not offer the Awana program beyond T&T. Therefore, once you have attended RBGY Camp, you are eligible to return each year regardless of any participation in an Awana program the previous year.**

Please complete the fillable application (this will make your application easier to read and process), print it out, and send your completed application and registration fee to:

Lori Carlson

15 Lincoln St.

Cromwell, CT 06416

We are excited about camp and hope to see you there this summer!

If you have any questions, please feel free to call or email.

Serving together,

Rick Bennett

RBGY Camp Director

(860) 537-0878

camp@rbgycamp.org

# August 12-18, 2018

CAMP LOCATION

Lakeside Christian Camp

195 Cloverdale St.

Pittsfield, MA 01201

CAMP DIRECTOR

Rick Bennett

111 Marvin Road

Colchester, CT 06415

(860) 537-0878

REGISTRARS

Wayne & Lori Carlson

15 Lincoln St.

Cromwell, CT 06416

(860) 632-0245

# RBGY Camp

**August 12-18, 2018**

### *Please complete the fillable application, print it out, and send to Lori Carlson.*

CAMPER INFORMATION

Applicant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_ Age:\_\_\_\_\_\_\_

Preferred name or nickname (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Best Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Family E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade **next fall** (please check): 5 6 7 8 9 10 11 12 Graduated High School in 2018

This camper is a:

First-time camper  Returning camper

If you have ONE roommate preference in your age/grade level, please give their full name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Every attempt will be made to honor your request.**

SPONSOR INFORMATION

Camper is sponsored by:  Church  Parent  Self Other

Sponsor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

#### CHURCH INFORMATION

Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Commander Signature (optional, we prefer to have this if you attended an Awana program): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### REMEMBER TO REGISTER EARLY

Total camp cost is $460 ($200 registration fee + $260 camp fee = $460). Please send your completed application to:

**RBGY CAMP**

**Lori Carlson**

**15 Lincoln St**

**Cromwell, CT 06416**

by July 1, 2018. Make check payable to **RBGY Camp**. Balance of camp fee must be paid by August 1, 2018. **There will be a $30 discount if full payment is sent by July 1, 2018.** The “Parental Consent and Release of Liability” and “Camper Health Form” must also be filled out and included with this application.

**We recommend that you keep a copy for your records.**

**RBGY Camp**

**Parental Consent and Release of Liability**

**Please Print and Provide All Information Requested.**

**IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.**

Name of Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camper’s Date of Birth:  \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_

Camp Location: *Lakeside Christian Camp & Conference Center* Dates of Camp: *August 12-18, 2018*

**Consent to Attend Camp**

I hereby give permission for Camper to attend and participate in RBGY Camp (“Camp”).

**Release of Liability**

Prior to Camper’s participation in Camp activities, I acknowledge that involvement of Camper in the Camp may involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation–related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Parental Consent and Release of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities, and I expressly assume all risks of Camper’s participation, whether such risks are known or unknown to me at this time. I further generally release the New England RBGY Scholarship Camp Association, Inc and its directors, officers, volunteers, and other campers at the Camp, from any and all claims that I or Camper may have against any of them as a result of property damage or personal injury, illness or death of Camper as a result of participation in Camp activities (including water sports & activities), whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of myself, Camper, and the heirs, family, estate, administrators, executors, personal representatives and assigns of me and Camper.

**Consent to Medical Treatment**

If Camper experiences an injury or illness, or has other medical needs, I authorize the Camp’s employees, volunteers, and agents to make such arrangements for Camper’s health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release the New England RBGY Scholarship Camp Association, Inc and its directors, officers, volunteers, from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company (please provide details in the **Medical Information** section) to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Additionally, I give permission to the camp nurse to administer non-prescription (over-the-counter) medications as deemed necessary.

**(Please turn page over to continue)**

**RBGY Camp**

**Parental Consent and Release of Liability**

**Please Print and Provide All Information Requested.**

**(continued)**

**Other Releases and Acknowledgements**

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, and various New England RBGY Scholarship Camp publications and other work product. I do hereby irrevocably grant the New England RBGY Scholarship Camp Association, Inc permission to record, display and/or reproduce my child’s name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, including posting photos and videos to the camp websites, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

I understand that the New England RBGY Scholarship Camp Association, Inc does not provide transportation to or from the Scholarship Camp program and do hereby take responsibility for either providing or arranging for transportation of Camper, and for ensuring that Camper will arrive and depart by the scheduled dates and times.

I will ensure Camper only brings clothing that adheres to the Camp Dress Code or similar policy included as part of this package or to be sent in the acceptance package. If Camper fails to abide by established rules and standards of conduct, the New England RBGY Scholarship Camp staff reserve the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation or to make travel arrangements for Camper and to assume the cost of these expenses.

To the extent any provision of this document is found to be unenforceable, such provision shall be deemed severable and shall not affect the enforceability of any other portion of this document, and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties.

I represent and warrant that I am a parent or legal guardian of the Camper named above and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of the Camper. By signing below, I acknowledge that this document has been read and understood by me, and also represent that all information provided is accurate. Each legally responsible parent/guardian is required to sign below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Printed

\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_

Date Signed

(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Best phone number at which to reach you

(\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Second phone number at which to reach you

**Please return the following items with the completed health form (next 2 pages):**

**1. Copy of camper’s current immunization record**

**2. Copy of physical exam, conducted less than 24-months prior to the first day of camp**

**3. Copy of health insurance coverage card**

***RBGY Camp - Camper Health Form***

***This page to be completed by camper parent or guardian***

**RBGY Camp at**

**Lakeside Christian Camp**

111 Marvin Rd

Colchester, CT 06415

860-537-0878

camp@rbgycamp.org

Dates attending camp: **08/12/18** to **08/18/18**

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male Female Date of Birth: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_

**Emergency Contact Information** ~ Parent/guardian with legal custody to be contacted for illness or injury

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different than camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency Contact Information**

Other than parent/guardian

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different than camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**General Health History**:

Please check: Asthma Infection Diabetes Other

Emotional/Behavioral Issues (sleep walking, bedwetting, depression, etc.)

Please explain any checked above (please write “none” if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past Surgeries or Injuries -** Please explain and list other health issues (including dates) that may affect the camper during camp:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications** - Please list all medications the camper will take while at camp, including over-the-counter

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date began taking: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date began taking: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date began taking: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_

All medications must be in their original containers with the prescription attached.

Attach additional sheet if needed. Check here if additional sheet attached:

**Allergies:** No Known Allergies

Allergic to: Food Medicine (including OTC) Bee Stings Environmental Other

Please describe allergies in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diet/Nutrition:** Eats regular diet Eats regular vegetarian diet Camper has specific dietary needs

Please describe specific dietary need in detail and email [camp@rbgycamp.org](mailto:camp@rbgycamp.org) or call 860-537-0878 at least 2 weeks in advance to discuss action plan:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Restrictions:** The camper can participate without restriction

The camper can participate with the following restrictions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***RBGY Camp - Camper Health Form***

***This page to be completed by camper parent or guardian***

**General Health History:** Check “Yes” or “No” for each statement. Explain “Yes” answers below.

Has the camper:

1. Ever been hospitalized?  Yes  No

2. Ever had surgery?  Yes  No

3. Have recurrent/chronic illnesses?  Yes  No

4. Had a recent infectious disease?  Yes  No

5. Had a recent surgery?  Yes  No

6. Had asthma/wheezing/shortness of breath?  Yes  No

7. Have diabetes?  Yes  No

8. Had seizures?  Yes  No

9. Had headaches?  Yes  No

10. Wear glasses, contacts, or protective eyewear?  Yes  No

11. Had fainting or dizziness?  Yes  No

12. Passed out/had chest pain during exercise?  Yes  No

13. Had mononucleosis during the past 12-months?  Yes  No

14. If female, have problems with periods/menstruation?  Yes  No

15. Have problems with falling asleep/sleepwalking?  Yes  No

16. Ever had back/joint problems?  Yes  No

17. Have a history of bedwetting?  Yes  No

18. Have problems with diarrhea/constipation?  Yes  No

19. Have any skin problems?  Yes  No

20. Traveled outside the country in the past 9-months?  Yes  No

21. Diagnosed with learning differences, such as ADHD,

Autism, or Asperger’s Syndrome?  Yes  No

**Please explain “Yes” answers, noting the question number. For travel outside the U.S., please name the countries visited and the dates of travel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mental, Emotional, and Social Health:** Check “Yes” or “No” for each statement. Explain “Yes” answers below.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?  Yes  No

2. Ever been treated for emotional or behavioral difficulties or an eating disorder?  Yes  No

3. During the past 12-months, seen a professional to address mental/emotional health concerns?  Yes  No

4. Had a significant life event that continues to affect the camper’s life?  Yes  No

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, other)

**Please explain “Yes” answers in the space below, noting the question number. Camp medical personnel may contact you for additional information.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health-Care Providers:**

Camper’s primary doctor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Dentist(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Orthodontist(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**Medical Insurance Information:**

This camper is covered by family/medical insurance:  Yes  No

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Phone: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian authorization for Health Care:** This health history is correct and complete to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and, to provide or arrange necessary related transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I also give permission to trained camp personnel to administer any necessary first aid should a situation requiring medical attention occur while at camp. I further give permission to the camp nurse to administer prescription medication (as noted) and over-the-counter medication (PRNs). This completed form may be photocopied or stored electronically for trips out of camp. I understand there are inherent risks in swimming, boating, hiking, high and low rope challenge courses, indoor climbing, archery, and other camp activities, and do not hold the camp liable for any injuries incurred while my child is at camp.

**Signature of custodial Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_

**Please return the following items with this completed health form:**

**1. Copy of camper’s current immunization record**

**2. Copy of physical exam, conducted less than 24-months prior to the first day of camp**

**3. Copy of health insurance coverage card**