



# Camp Courage USA Camper Registration

Register online at [campcourageusa.com](http://campcourageusa.com) or mail /fax completed registration with deposit of \$30  
 1611 S Utica Ave #326, Tulsa, OK 74104 Phone toll free (877)3-GO-CAMP Fax (918)895-9143

## Camper Information

Camper's First Name		Camper's Last Name	
Home Address			
City		State, Zip	
Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age at Camp:	Birthday (mm/dd/yy) / /	T-shirt Size Youth - Adult
Camper would like to request to bunk with this friend:		First Name	Last Name

## Parent Information

<b>(Parent 1)</b> First Name		Last Name	
Address		City	
State, Zip		Home Phone	
Primary Email		Cell Phone	
Relationship to Camper: (circle one) Father Mother Guardian		Work Phone	
<b>(Parent 2)</b> First Name		Last Name	
Address (if Different from above)			
Home Phone		Cell Phone	
Place of Employment		Primary Email	
Work Phone		Relationship to Camper: (circle one) Father Mother Guardian	
Family Details: (circle one) Married Divorced Separated Single Mother Single Father			
Custody, if applicable: (circle one) Both / Mother / Father / Joint / Grandparent(s) / Guardian(s) / Other			

## Emergency Contact/Additional Contact In the event parent/legal guardian can not be reached

Name		Relationship	
Day Phone		Evening Phone	
Family Physician			
Phone			
Do you have medical/hospital insurance?		Carrier Name	
Name of Policy Holder		Policy	

## Pick Up Authorization (If necessary, list another person who is authorized to pick up your camper)

Name		Relationship	
Name		Relationship	

## 1) Allergies: (If the camper does have allergies, you will be asked to describe them in another section)

<input type="checkbox"/>	No Known Allergies (skip to question 2)
<input type="checkbox"/>	This Camper is allergic to Food
<input type="checkbox"/>	This Camper is allergic to Medicine
<input type="checkbox"/>	This Camper is allergic to the Environment (insect stings, hay fever, etc.)
<input type="checkbox"/>	This Camper is allergic to Other

Please describe below what the camper is allergic to and the reaction seen.

**2) Diet, Nutrition: (If the camper has special dietary needs you will be asked to describe them below)**

<input type="checkbox"/>	This camper eats a regular diet.
<input type="checkbox"/>	This camper eats a regular vegetarian diet.
<input type="checkbox"/>	This camper has special food needs.

Please describe the campers diet below.

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**3) Restrictions: (If your camper does have restrictions, you can describe them below)**

<input type="checkbox"/>	I have reviewed the program and activities of the camp and feel the camper can participate without restrictions
<input type="checkbox"/>	I have reviewed the program and activities of the camp and feel the camper can participate with restrictions or adaptations.

Please describe the restrictions or adaptations necessary for your camper.

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**Parent/Guardian Authorization for Health Care:**

**This health history is correct and accurately reflects the status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to print copies of this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.**

*If for religious or any other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

<input type="checkbox"/>	Parent/Guardian Signature: _____
<input type="checkbox"/>	Date of Signature: _____ Relationship to camper: _____

**RX Medication and Over-the-Counter Medication: (If your camper will take daily medications (prescription or over-the-counter) you will be asked to provide more information on the next page.)**

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packing/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

<input type="checkbox"/>	This camper will NOT take any daily medication(s) while at camp.
<input type="checkbox"/>	This camper WILL take daily medication(s) while at camp.

<b>Medication (Duplicate this page, if necessary)</b>					
<b>Camper Name</b>					
Last Name		First Name		Medication Name	
Date Started:		Reason for taking it:			
<b>When is it given? (Place an X in appropriate box)</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Bedtime</b>	<b>Other</b>
Amount/Dose Given?			How is it given?		

<b>Medication (Duplicate this page, if necessary)</b>					
<b>Camper Name</b>					
Last Name		First Name		Medication Name	
Date Started:		Reason for taking it:			
<b>When is it given? (Place an X in appropriate box)</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Bedtime</b>	<b>Other</b>
Amount/Dose Given?			How is it given?		

<b>Medication (Duplicate this page, if necessary)</b>					
<b>Camper Name</b>					
Last Name		First Name		Medication Name	
Date Started:		Reason for taking it:			
<b>When is it given? (Place an X in appropriate box)</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Bedtime</b>	<b>Other</b>
Amount/Dose Given?			How is it given?		

## Non-Prescription Medications

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Check off those the camp **should NOT** dispense to your camper.

<input type="checkbox"/>	Acetaminophen (Tylenol)	<input type="checkbox"/>	Ibuprofen (Advil, Motrin)	<input type="checkbox"/>	Antihistamine/allergy medicine
<input type="checkbox"/>	Phenylephrine decongestant (Sudafed PE)	<input type="checkbox"/>	Pseudoephedrine decongestant (Sudafed)	<input type="checkbox"/>	Guafensin cough syrup (Robitussin)
<input type="checkbox"/>	Diphenhydramine antihistamine/allergy medicine (Benadryl)	<input type="checkbox"/>	Dextromethorphan cough syrup (Robitussin DM)	<input type="checkbox"/>	Sore throat spray
<input type="checkbox"/>	Generic cough drops	<input type="checkbox"/>	Lice shampoo or cream (Nix or Elimite)	<input type="checkbox"/>	Antibiotic cream
<input type="checkbox"/>	Calamine lotion	<input type="checkbox"/>	Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	<input type="checkbox"/>	Laxitives for constipation (Ex-lax)
Other: (Please list)					

## General Health History:

YES	NO	QUESTION:	If Yes, Please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Has the camper ever been hospitalized?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the camper ever had surgery?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the camper ever had recurrent/chronic illness?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the camper had a recent infectious disease?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the camper had a recent injury?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the camper had/ever had Asthma/wheezing/shortness of breath?	
<input type="checkbox"/>	<input type="checkbox"/>	Does the camper have Diabetes?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the camper ever had seizures?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the camper ever had headaches?	
<input type="checkbox"/>	<input type="checkbox"/>	Does the camper wear glasses, contacts, or protective eyewear?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the camper ever passed out/had chest pain during exercise?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the camper ever had mononucleosis ("mono") during the past 12 months?	
<input type="checkbox"/>	<input type="checkbox"/>	If female, have problems with periods/menstruation?	
<input type="checkbox"/>	<input type="checkbox"/>	Have problems with falling asleep/sleepwalking?	
<input type="checkbox"/>	<input type="checkbox"/>	Ever had back/join problems?	
<input type="checkbox"/>	<input type="checkbox"/>	Have a history of bedwetting?	
<input type="checkbox"/>	<input type="checkbox"/>	Have problems with diarrhea/constipation?	
<input type="checkbox"/>	<input type="checkbox"/>	Have any skin problems?	
<input type="checkbox"/>	<input type="checkbox"/>	Traveled outside the country in the past 9 months? If yes, please name all countries visited and dates of travel.	

## Your Camper Continued:

Yes	No	Questions	If Yes, Please provide additional information
		Has your camper ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?	
		Ever been treated for emotional or behavioral difficulties or an eating disorder?	
		During the past 12 months, has your camper seen a professional to address mental/emotional health concerns?	
		Had a significant life event that continues to affect the camper's life? (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, other)	

**Have we forgotten to ask something that you feel is pertinent?** Use the space below to share additional information about the camper's health that you may think is important or that may affect the camper's ability to fully participate in the camp program.

Regarding camp, my child is:	Excited	Nervous	Apprehensive	Upset
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**This form must be signed by the camper's legal guardian.** Due to the challenging nature of activities at Camp Courage USA, full disclosure concerning the camper's medical history must be made. If full disclosure is not made in advance, the Camp Director will be forced to refuse the camper, and the parent(s)/guardian(s) will be forced to pick up the camper immediately. Campers who arrive with fever, ringworm, pink eye, or any other communicable disease or undisclosed handicap or disability will not be admitted. This health history is correct as far as I know, and the camper listed above has permission to attend Camp Courage USA, and to engage in all camp activities except as noted. I hereby authorize the executive staff or designated medical professionals to dispense over-the-counter medications as needed to the camper listed above that I have provided or that the camp has in stock.

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that Camp Courage USA reserves the right to dismiss a child from camp whose conduct is not in the best interest of the camp community, without refund.

I hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or anyone authorized by you, of any and all photographs and/or video images which you have taken of the camper listed above, for use within the scope of Camp Courage USA (By Faith Youth Ministries, Inc.). I understand that no personal identifying information will be used when a photo/video is utilized.

I agree to the following policies regarding camp fees: Deposits are non-refundable; After April 1, only 1/2 of registration fees paid less the deposit will be refunded for cancellations; No refunds will be given for canceling within one month of my child's camp session; No refunds are given if a camper is dismissed from camp due to disciplinary action; No refunds are given if campers leave early due to homesickness or personal commitments. Account balances are due two weeks prior to camp and I authorize Camp Courage USA to charge any fees due at that time to my credit card on file (if applicable). Any registration submitted less than one month or later must be paid in full at the time of registration. Any returned check s will be assessed a \$35 cash fee.

Printed name of Parent/Guardian _____	Signature of Parent/Guardian _____	Date _____
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We accept Visa, MC, Discover, checks or money orders made payable to Camp Courage USA. A \$30 non-refundable deposit must accompany registration and is applied toward the total camp fee.

Card \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC \_\_\_\_\_ Name on Card \_\_\_\_\_

Sign me up for monthly Credit Card Payments      - \$30 / \_\_\_\_\_ = \_\_\_\_\_

Camp Fee                      Deposit                      # of months to camp                      total monthly payment

Sign me up for \$ \_\_\_\_\_ monthly payment (balance due 2 weeks prior to camp)

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

# Camper Immunization Record

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

Camper Date of Birth: \_\_\_\_\_

**Immunization History:** Provide the month and year for each immunization. Starred Immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenza type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (Chicken Pox)						
Had Chicken Pox (DATE: _____)						
Meningococcal meningitis (MCV4)						
Tuberculosis (TB) test	Date: _____		Negative		Positive	

**If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.**

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship  
to camper: \_\_\_\_\_