

uskichitto retreat center **summer 2009** registration form

remember - it's easy to register and pay online for all camps at: campurc.com

2009 Summer camp events, dates & age requirements. Please check applicable box.

<input type="checkbox"/> Jesus Explorers June 7-8 Grades K-2 \$60 <input type="checkbox"/> Jesus Explorers 2 July 29-30 Grades K-2 \$60 <input type="checkbox"/> Discovering God June 9-11 Grades 2-4 \$120 <input type="checkbox"/> Discovering God 2 July 26-28 Grades 2-4 \$120 <input type="checkbox"/> Faith Challengers June 14-19 Grades 4-6 \$240 <input type="checkbox"/> Faith Challengers 2 July 5-10 Grades 4-6 \$240 <input type="checkbox"/> Challenges In Faith Outdoors July 26-31 Grades 4-6 \$240	<input type="checkbox"/> Cross Training June 21-26 Grades 6-8 \$265 <input type="checkbox"/> Cross Training 2 July 12-17 Grades 6-8 \$265 <input type="checkbox"/> Christian Survivor June 7-12 Grades 6-9 \$240 <input type="checkbox"/> Christian Survivor 2 July 19-24 Grades 6-9 \$240 <input type="checkbox"/> Adventures In Discipleship June 21-26 Grades 9-12 \$265 <input type="checkbox"/> Adventures In Discipleship 2 July 12-17 Grades 9-12 \$265
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Payment Information			Church Information	
Amount Church is paying	\$	Church scholarship money MUST be sent WITH registration & camper payment . If a scholarship is needed please contact URC directors.	Name of Local Church	
Amount I am paying	\$		Church City	
Amount for concessions	\$	\$2.60 per day maximum please		
Total amount enclosed Make checks payable to: URC	\$	Camp T-Shirts and other items will be available in the camp store during registration and closing *****REFUND POLICY: NO REFUNDS will be given for cancellations received within 2 weeks of camp start date		
Send completed form to: Uskichitto Retreat Center PO Box 118, Le Blanc, LA 70651		Please feel free to contact the directors, Dawn & Jason Wright with any questions: (337) 738 - 4218, directors@campurc.com , campurc.com		

Camp Use ONLY				
Amount received	Check #	Received from	Date received	Received by

Helpful Camp Information

- Registration:** Registration starts at 4:00pm on first day of camp, and camp finishes after lunch and program on Friday (Around 1:00pm) All registrations will take place in the Dining Hall.
- Bring to camp:** Your own Bible, modest comfortable clothing, toiletries, clothes for hiking (Long pants and long sleeve shirt), closed toe shoes, sleeping bag or twin bed sheets and pillow, towels, flashlight, rain gear, sun block and bug spray.
- Please leave at home:** Snack foods, electronic games, mp3 players etc, cell phones and watches.
- Concessions:** Money for canteen can be checked in at registration and will be recorded. Campers may not have money at camp!

Camper Health History & Authorization Form

Name of Participant:		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth: __ / __ / ____	Grade You Are In:	Email:		
Cabin Mate (Please list only one):				
Name of Custodial Parent/Guardian:				
Address:		City:	State:	ZIP:
Home Phone:	Work Phone:	Mobile Phone:		
Other Legal Parent/Guardian:				
Home Phone:	Work Phone:	Mobile Phone:		
Emergency Contact (Someone NOT already listed):				
Home Phone:	Work Phone:	Mobile Phone:		
Is Camper covered by Health Insurance?		If yes, carrier or policy name:		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Policy Number:	Policy Holder:	Relationship to Camper:		
Policy Holder Date of Birth: __ / __ / ____	SS# of Policy Holder: ____ - ____ - ____	SS# of Camper: ____ - ____ - ____		
Insurance Company Address:		City:	State:	ZIP:
Allergies: (Describe cause, reaction and treatment)				
<input type="checkbox"/> Poison Ivy/Oak		<input type="checkbox"/> Insect Bites/Stings		<input type="checkbox"/> Foods
<input type="checkbox"/> Medications		<input type="checkbox"/> Other allergies/reactions		

Health Conditions: Please indicate if your camper has any of the following, and how it is best handled.					
<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Fainting	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Back Pain	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Other
Please explain any checked conditions:					
Please describe any past/recent medical treatment or illness					
Are the camper's immunizations current?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of tetanus shot: __ / __ / ____ (Must be within the past 10 years, if longer than 10 years please contact your physician)					
Date of last health exam: __ / __ / ____ (If a physical exam is required for your event, you will be contacted by the director)					
You will be contacted when: ●Your child is exposed to a communicable disease ●Outside medical attention is necessary (i.e. if we transport them to the hospital, doctor etc. ●Your child is having discipline problems that jeopardize the safety of other participants.					

Medications

All medications (Prescription, non-prescription, vitamins etc.) must be in their original containers and turned in to camp health care personnel at the time of camper registration			
Medication:	Dosage:	Time:	Used for:
Medication:	Dosage:	Time:	Used for:
Medication:	Dosage:	Time:	Used for:
Medication:	Dosage:	Time:	Used for:
Any scheduled medication that will NOT be taken at camp?			
Restrictions - Please indicate any physical, mental, or emotional conditions that could/would restrict activity while at camp. If there are any conditions, what is the best way to handle the restriction?			
Family Physician:			Phone:
Family Dentist:			Phone:

Camp Authorization

The undersigned represents that he/she is the custodial parent/legal guardian of the above identified participant. The camper has my/our permission to attend the camping session from _____ to _____ (dates) at Uskichitto United Methodist Retreat Center. This permission is given by me/us with full knowledge of the conditions and civilities contemplated during each session. (See URC web site for details: campurc.com) The participant has no physical or mental disabilities that would impair their participation except noted above. I/We will not hold the camp conference, or camp personnel liable for injuries suffered as a result of the camper's own voluntary actions.

I give permission and consent for _____ (Participant's name) to participate in all activities, and to allow photographs, videotapes, and interviews to be taken during the camping session. I further give permission and consent to any such photographs, videotapes, or interviews to be published and used to illustrate, report, promote and advertise the camp. Use of any such photographs, videotapes, or interviews may include, but is not limited to, use on web sites, catalogues, brochures, flyers and general promotional materials.

I understand the camp insurance is an accident policy, not a medical illness policy, and is a supplemental policy only. It will pay whatever my own insurance doesn't cover (deductible or over) up to the limit of the policy. If medical (sickness, injury) care is needed, billings will be sent to the parent/guardian who will be responsible for direct payments to physician, hospital, clinic, etc.

The participant is currently taking only medications listed above. The participant has no allergies known to me/us except as noted on this form. The health information/history is correct as far as I/we know.

In the event of illness or injury, I/we authorize the physician and/or hospital to undertake such treatment of and perform such services (including surgery) for the participant as are responsible indicated by the circumstances.

My child will be riding home with: _____ Phone #: _____

Signature of LEGAL Parent/Guardian or Adult: _____ Date: _____

Signature of 2nd LEGAL Parent/Guardian: _____ Date: _____

Check In Screening - Camp Use ONLY

Are all meds checked in?	Any allergies?	Recent exposure to contagious disease?	Consent sections completed?