



Camp Blessing

Camper Application Form 2010

Since 1963

“an Experience in Christian Living.”

Camper Information

Please complete a separate form for each person attending camp.

Name of Camper _____
Address _____ Phone _____
City _____ State _____ Zip _____ Camper Email _____
Birth (MM/YYYY) _____ Age (by start of camp) _____ Male Female Grade Completed _____

2010 Camp Weeks

Please check all camps this camper will be attending. All camps held in Wausau, WI unless noted.

- | | | | |
|---|------------|---|------------|
| <input type="checkbox"/> Teen Weekend Retreat | Jan. 29-31 | <input type="checkbox"/> Children's Camp | July 18-23 |
| <input type="checkbox"/> Winter Retreat | Feb 19-21 | <input type="checkbox"/> Teen Camp | July 25-31 |
| <input type="checkbox"/> Scrapbooking Retreat | Mar. 5-7 | <input type="checkbox"/> Marriage Retreat | Aug. 13-15 |
| <input type="checkbox"/> CA Spring General Camp | May 28-31 | <input type="checkbox"/> Women's Retreat | Sept 24-26 |
| <input type="checkbox"/> Service Projects Getaway | June 9-12 | <input type="checkbox"/> NH Adult Bible Study | Oct. 1-3 |
| <input type="checkbox"/> Special Persons Camp | Jun. 20-25 | <input type="checkbox"/> CA General Camp | Oct. 9-11 |

Deadlines & Fees Applications should be received one month prior to camp/retreat start date. Late applications will be accepted until one week prior to camp/retreat start date and are on a first come, first served basis and will be assessed a \$25 late fee. Camp Blessing reserves the right to cancel a camp/retreat if registration is inadequate. **Retreat cost is \$25 for all participants over 18 years;** please include payment with your application.

Where to return Applications and Forms

For Camps and Retreats in

CA: David Karavas, 20914 Rancherias Rd, Apple Valley, CA 92307; (760) 247-8252

VT/NH: John Polychronis, P.O. Box 1681, Dover, NH 03821; (603) 335-6382

WI: Sara Lenzner, 822 N. 3rd Ave, Wausau, WI 54401; (715) 842-8499

Emergency Contact Information

Camper MUST have two emergency contacts to attend camp

Contact #1

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____ Email _____
Home Phone _____ Work Phone _____ Cell Phone _____

Contact #2

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____ Email _____
Home Phone _____ Work Phone _____ Cell Phone _____

Photo Release By signing below you grant Camp Blessing permission to use photos of this camper in Camp publications, such as brochures, web site, & camp reports.

Parent/Guardian _____ Date _____

Medical Information and Health History

Please include detailed information that the Camp Director, Staff & Nurse should be aware of. Camp Blessing cannot be held liable if accurate medical information is not disclosed. All campers must have a current physical on record. Please use the Physical Form if the physical on record is older than 24 months. All forms are available at www.campblessing.com

Medical record for (Name) _____

Health History Please check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Bleeding Disorders |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Heart Disease/Defect | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Musculoskeletal Disorders | |
| <input type="checkbox"/> Other _____ | |

Dietary Restrictions _____

Allergies Please check all that apply

- | |
|--|
| <input type="checkbox"/> Food _____ |
| <input type="checkbox"/> Drug _____ |
| <input type="checkbox"/> Animals _____ |
| <input type="checkbox"/> Insect Stings _____ |
| <input type="checkbox"/> Plant/Pollen/Seasonal |
| <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Other (Specify Below) |
- _____
- _____

Medication List all prescriptions, over-the-counter meds, vitamins & supplements. All medications should be listed separately

Medication Name	Dosage	Frequency/ Time of day
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: All prescriptions, over-the-counter medications, vitamins, and herbal supplements **MUST** be in original packaging with camper's name clearly labeled. Instructions given **MUST** match information on container. All of the above should be turned over to the Camp Nurse on arrival to be kept in Nurse's Station.

Exceptions and Limitations Please list special considerations for this camper on a separate sheet of paper. The volunteer staff at Camp Blessing want to provide the best care possible for each camper. The list may include any serious physical, behavioral, or mental condition, special conditions to be watched for (such as bed-wetting, menstrual cramps, etc.) or recent experiences that we should be aware of.

Permissions Please **initial the line to the left** of each statement, then sign and date the bottom. All campers **MUST** have authorization to stay & participate at Camp Blessing.

_____ I grant permission for any emergency treatments (including medical, surgical, anesthesia or other procedure) deemed necessary for the **camper listed above** during his/her stay at Camp Blessing. It is understood that emergency treatment will be performed in a nearby hospital.

Health Insurance Provider _____ ID# _____
 Group # _____ Phone/Approval # _____

_____ I grant permission for the nurse to administer medications prescribed by a physician, to treat minor injuries, and to administer over the counter medications such as Acetaminophen, Benadryl, cough suppressant, throat lozenges, anti-diarrhea, MOM, anti-biotic ointment, topical pain reliever .

_____ The **camper listed above** has permission to participate in all camp activities, including recreational/educational field trips off camp grounds. Please list exceptions on the back.

_____ This medical history is correct so far as I know.

Parent/Guardian _____ Date _____

Email _____