



FORESTER REGISTRATION AND HEALTH HISTORY FORM

EMAIL FORM TO office@sgrcreek.org
 MAIL FORM TO: Sugar Creek Bible Camp
 13141 SCBC Road Ferryville, WI 54328
 Send at least 2 weeks prior to session.

\$250/camper

NAME OF CAMPER _____ Grade (this fall) _____ Gender _____
 Birthdate _____ Current Age _____ Home Congregation/Town _____
 Address _____ City _____ State _____ Zip _____
 Home or Cell Phone (_____) _____ Cell or Work Phone (_____) _____
 Parent/Guardian Name(s) _____
 Parent/Guardian address (if different from camper) _____

Health History
 If none apply, check here
Diseases/Conditions:
(Please list approximate dates.)

Ear infections _____
 Heart Condition(s) _____
 Seizures _____
 Diabetes _____
 Bleeding Disorders _____
 Asthma _____
 MMR illness? _____
 Chicken Pox _____
 Hepatitis _____
 Fractures _____
 Operations _____
 Other _____

Medical Allergies
 If none apply, check here
Life Threatening?

Bee Stings Yes No
 Penicillin Yes No
 Other Meds: Yes No

Food Allergies
 If none apply, check here
Life Threatening?

Dairy Yes No
 Eggs Yes No
 Seafood Yes No
 Peanuts Yes No
 Tree Nuts Yes No
 Gluten Yes No
 Other foods: Yes No

Emergency Information
 Emergency Contact Person - *If Mom or Dad cannot be reached.*
 Name: _____
 Phone (_____) _____
Family Doctor

Immunizations

Measles-Rubella: Yes No
 Tetanus/Whooping Cough (DPT, TD or Tdap) Yes No
 Date of most recent immunization _____

Please list any **chronic condition** which may affect camper, any restrictions or limitations, or attach a detailed description with directions for care:

Parent/Guardian Authorization and Medical Release: I give permission for the applicant to participate in all camp program activities including horseback riding, except as noted here: _____ and agree that Sugar Creek Bible Camp, its staff and volunteers, and the church sponsoring the program will not be held responsible for accidents or personal injury arising therefrom. Further, I (the parent/guardian) certify that the applicant has had a physical examination within the 12 months prior to arrival at camp, verifying that the health and physical condition of the applicant is ready for attending this event and fully participating in all activities, except those noted in this form/message. I authorize the leader of the event and camp staff to secure any medical or emergency treatment deemed necessary. Parents/Guardians will be notified in case of emergency. The applicant, or the applicant's parent/guardian, is the primary carrier of accident/health insurance. I agree that the camp and its staff will not be held responsible for lost or damaged personal property.

Parent/Guardian Signature **(required)**: _____ Date: _____

Media Release: I give my permission for photographic and/or video images of my camper to be used in future Sugar Creek Bible Camp promotional materials or publications. I understand Sugar Creek will not use my child's name or personal information.

Yes No _____ Initials

Sugar Creek Bible Camp Insurance Policy: I understand that the camp insurance policy is strictly secondary coverage. _____ Initials