

# Mooers Camp Registration Form

Camper Name:		Male or Female (circle one)	
Address:			
City:		State:	ZIP:
DOB:	Age Today:	Shirt Size: YS YM YL AS AM AL AXL AXXL	
Parent/Guardian Name:			
Email Address (optional):			
Primary Phone Contact:		Alternate Phone Contact:	
Family Physician:			
Address:			
Phone:			
Insurance Information:			
**Please include a copy of insurance card**			

## APPLICANTS UNDER 18

Documentation of immunization for the following diseases **MUST** be submitted with this form: Mumps, Measles, Rubella (MMR), Diphtheria, Tetanus and Varicella. Acceptable documentation is a copy of school, home or physician's records.

Is there any history of the following:

	YES	NO		YES	NO		YES	NO
Fainting Spells			Heart Problems*			Kidney Disease		
Seizures/convulsions			Diabetes			Fractured Bones*		
Asthma			Chickenpox			Sprains*		

\*Please specify \_\_\_\_\_

Any other pertinent medical history? \_\_\_\_\_

Please list allergies: \_\_\_\_\_

Please list medications (Rx and OTC): \_\_\_\_\_

Medication for those under age 18 must be labeled, in the original container, and upon registration presented to the nurse. A written authorization slip from their physician must be given with the medication (Rx and OTC) and must be signed by the parent/guardian. (Please fill out accompanying form)

### FOR OFFICE USE ONLY

Documentation

Medication(s)

Slip

I hereby give permission for \_\_\_\_\_ to participate in all camp activities except the following (list restrictions, or state NONE) \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_ understand that in cases of medical emergency, every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the camp nurse(s) or physician(s) selected by authorized personnel of the Mooers Camp Meeting Association to hospitalize and to otherwise secure proper emergency treatment including injection, anesthesia, or surgery for the above child. I, the undersigned, do, for myself, my heirs, personal representation and assignees waive and release any and all rights and claims for damages against the Mooers Camp Meeting Association, their agents or authorized persons, for any and all injuries which may be suffered by me or my child, except that provided through insurance benefits.

Parent/Guardian signature

Please print name

Date

**Include a copy of current immunization records and insurance cards!**

## EMERGENCY CONTACTS

	NAME	RELATIONSHIP	PHONE NUMBER
#1			
#2			
#3			

**Send Registration, Medical Forms & Deposit to:**

**Diane Gillette, Treasurer  
P.O. Box 221  
Mooers, NY 12958**

*\*Please mail registration from a post office to ensure adequate postage\**

**Cost of Camp:**

**\$200** when received before registration deadline (see website for deadline date)

**\$250** when received after registration deadline