

## MOOERS YOUTH CAMP REGISTRATION FORM

Camper Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address:			
City:		State:	Zip:
Parent/Guardian Name:			
Email Address:			
Primary Contact #:		Secondary:	
Family Physician:			Phone #:
Address:			
Insurance Information:			
<b>**PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD**</b>			

### MEDICAL HISTORY

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?

	Y	N		Y	N		Y	N
Fainting Spells			Heart Problems			Kidney Disease		
Seizures/Convulsions			Diabetes			Fractured Bones		
Asthma			Chicken Pox			Sprains*		

\*Please Specify:

\_\_\_\_\_

\_\_\_\_\_

Is there any other pertinent medical history that we should be aware of?  Yes  No  
If yes, what? \_\_\_\_\_

\_\_\_\_\_

Are there any Allergies we should know about?  Yes  No  
If yes, what are they? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Medications must be labeled, in the original container, and upon registration, be presented to the nurse. A written authorization slip from the youth's physician must be given with the medication (Rx and OTC) and must be signed by the parent/guardian.

### FOR OFFICE USE ONLY

Documentation    
  Medication    
  Slip

I hereby give permission for \_\_\_\_\_ to participate in all camp activities except for the following restrictions (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 even 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***Include a copy of current immunization records and Insurance Cards!***

### EMERGENCY CONTACTS

	Name	Relationship	Phone #
1			
2			
3			

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

**Mooers Camp Meeting Assoc.  
Diane Gillette, Treasurer  
PO Box 221  
Mooers, NY 12958**

\*We recommend mailing registration from a post office to ensure proper postage\*

**Cost of Camp:**

**\$200** when received prior to the registration due date

**\$250** when received after registration due date

Visit [www.mooerscamp.org](http://www.mooerscamp.org) for deadline information