



## **Gary Youth | Reynoldswood Serve Camp 2017 Registration Forms**

We are thrilled your student is joining us for camp 2017! The following are the necessary items to register:

- Registration Form (included in packet)
- Health Form (included in packet)
- Permission-Behavior Form (included in packet)
- \$50 deposit check made payable to Gary Church with  
Camp Reynoldswood in the memo

These can all be turned in to the front office at any time. The total cost for camp is \$350. The remaining \$300 can be paid at any time between 4/1 and 6/11.

If you have any additional questions, feel free to contact Alexa at [aisaac@garychurch.org](mailto:aisaac@garychurch.org).

## NIC Summer Camp Registration Form - 2017

Complete & Print this form, then mail or fax it to the site hosting your selected camp (addresses at bottom of this page).

### Camper Registration

Select One Camp:	@ Reynoldswood: <input type="checkbox"/> J.O.Y. <input checked="" type="checkbox"/> Youth Serve <input type="checkbox"/> Woodland <input type="checkbox"/> Chicago Southern @ Wesley Woods: <input type="checkbox"/> Sailing 1 <input type="checkbox"/> Family <input type="checkbox"/> Sailing 2 <input type="checkbox"/> C.A.P.A. <input type="checkbox"/> CWaterSports		
Camper's Name:	First: <input style="width: 150px;" type="text"/>	Middle: <input style="width: 100px;" type="text"/>	Last: <input style="width: 100px;" type="text"/>
Nickname:	<input style="width: 150px;" type="text"/>		
T-Shirt Size:	<input type="checkbox"/> Youth-Medium <input type="checkbox"/> Adult-Small <input type="checkbox"/> Adult-Medium <input type="checkbox"/> Adult-Large <input type="checkbox"/> Adult-XL <input type="checkbox"/> Adult-XXL <input type="checkbox"/> Adult-XXXL		
Birthdate:	Month: <input style="width: 50px;" type="text"/>	Day: <input style="width: 50px;" type="text"/>	Year: <input style="width: 50px;" type="text"/>
Entering Fall Grade:	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> n/a - Adult		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Your Home Church:	<input style="width: 150px;" type="text"/>		
Church Town:	<input style="width: 150px;" type="text"/>		
Request Up to 2 Cabin-mates (CM) Below:			
CM 1:	<input style="width: 150px;" type="text"/>		CM 2: <input style="width: 100px;" type="text"/>

### Parent / Guardian

Parent/Guardian <i>(for registration questions):</i>	First: <input style="width: 100px;" type="text"/>	Last: <input style="width: 100px;" type="text"/>	Relation: <input style="width: 100px;" type="text"/>
Phone 1:	<input style="width: 100px;" type="text"/> - <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>		
Phone 2:	<input style="width: 100px;" type="text"/> - <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>		
Text #:	<input style="width: 100px;" type="text"/> - <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>		
e-Mail:	<input style="width: 150px;" type="text"/>		
Mail Address:	P.O. Box / Street: <input style="width: 150px;" type="text"/>		
	City: <input style="width: 100px;" type="text"/>	State: <input style="width: 50px;" type="text"/>	Zip: <input style="width: 50px;" type="text"/>

### Debit / Credit Card Payments

Name on Card:	First: <input style="width: 100px;" type="text"/>	Last: <input style="width: 100px;" type="text"/>
Card #:	<input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>	Card Security Code: <input style="width: 50px;" type="text"/>
Expiration:	Month: <input style="width: 50px;" type="text"/>	Year: <input style="width: 50px;" type="text"/>
Billing Address:	<input style="width: 150px;" type="text"/>	
	City: <input style="width: 100px;" type="text"/>	State: <input style="width: 50px;" type="text"/> Zip: <input style="width: 50px;" type="text"/>
Signature:	<input style="width: 150px;" type="text"/> Amount to Charge: \$ <input style="width: 50px;" type="text"/> (\$50 Minimum)	
	By my signature above, I am instructing Outdoor & Retreat Ministries to charge the amount indicated (in the "Amount to Charge" box to the right of my signature), to my above-specified debit/credit card. If I neglect to specify an amount, I understand that it will be charged the non-refundable \$50 deposit.	

Please complete the above form and mail it to:

**ORM Summer Camp**  
 200 Stam Street  
 Williams Bay, WI 53191

If paying by check, [make it payable to "NIC ORM"](#) AND [print your Camper's Last Name, First Name in the Memo Field.](#)

**Questions? Call 1-262-607-6104.**

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by \_\_\_\_\_ (date)

Reynoldswood Camp and Retreat Center  
621 Reynoldswood Road  
Dixon, IL 61021

815-284-6979 www.reynoldswood.org

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Month/Day/Year

**To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.**

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

**Allergies:**  No known allergies.  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
*(Please describe below what the camper is allergic to and the reaction seen.)*

**Diet, Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  
 This camper has special food needs. *(Please describe below.)*

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

### Medical Insurance Information:

This camper is covered by family medical/hospital insurance  Yes  No

**Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

### Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
 First Middle Last

Birth Date: \_\_\_\_\_  
 Month/Day/Year

**Immunization History:** Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test      Date: \_\_\_\_\_       Negative       Positive

**If your camper has not been fully immunized, please sign the following statement:** I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Medication:**     This camper will not take any daily medications while attending camp.  
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- |   |   |
|---|---|
| Acetaminophen (Tylenol)                                   | Ibuprofen (Advil, Motrin)                                     |
| Phenylephrine decongestant (Sudafed PE)                   | Pseudoephedrine decongestant (Sudafed)                        |
| Antihistamine/allergy medicine                            | Guaifenesin cough syrup (Robitussin)                          |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM)                  |
| Sore throat spray   | Generic cough drops   |
| Lice shampoo or cream (Nix or Elimite)                    | Antibiotic cream  |
| Calamine lotion   | Aloe  |
| Laxatives for constipation (Ex-Lax)                       | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

**General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

- |   |   |
|---|---|
| 1. Ever been hospitalized? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                   | 11. Had fainting or dizziness? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 2. Ever had surgery? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         | 12. Passed out/had chest pain during exercise? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 3. Have recurrent/chronic illnesses? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No         | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                      | 15. Have problems with falling asleep/sleepwalking? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No   | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 7. Have diabetes? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| 8. Had seizures? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| 9. Had headaches? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No  |

**Please explain "Yes" answers in the space below,** noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

**Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? .....  Yes  No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....  Yes  No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....  Yes  No
4. Had a significant life event that continues to affect the camper's life?.....  Yes  No  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**Please explain "Yes" answers in the space below,** noting the number of the questions. The camp may contact you for additional information.

**Health-Care Providers:**

Name of camper's primary doctor(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name of dentist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name of orthodontist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**What Have We Forgotten to Ask? Please provide in the space below** any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

**Parents/Guardians: Keep a copy for your records.**

**Outdoor & Retreat Ministries Summer Camp**  
**Please Complete & Return to the Appropriate Camp Address**

**Reynoldswood Christian Camp**  
**621 Reynoldswood Road**  
**Dixon, IL 61021**

**Wesley Woods Retreat Center**  
**250 Stam Street**  
**Williams Bay, WI 53191**

**Parent / Guardian Permission Form**

My child, \_\_\_\_\_, has permission to participate in the Outdoor & Retreat Ministries (hereinafter "ORM"), program camp named \_\_\_\_\_ on the following dates \_\_\_\_\_.

**HOLD HARMLESS AGREEMENT**

The above named camper has my permission to participate in all activities sponsored, sanctioned, or engaged in by the ORM Program as administered by the NICUMC. These activities include, but are not limited to overnight camping trips, backpacking and hiking expeditions in rugged wilderness and backcountry areas, white-water rafting excursions, canoeing, sailing, swimming, horseback riding, rock climbing and rappelling, mountain biking, mountain and beach trips, snow- and water-skiing, and all travel to and from, or related to, any of these activities. I understand that participation in this program involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in these activities. I understand that participation is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Northern Illinois Conference of the United Methodist Church (NICUMC), ORM division, program coordinators, and all employees, volunteers, related parties, and other organizations associated with the activity for and from any and all claims or liability arising out of my child's participation in this program.

**MEDICAL TREATMENT & INFORMATION RELEASE**

It is my intention that ORM be treated as acting in loco parentis if the camper herein named is a minor. In case of emergency involving my child, I authorize the ORM appropriated adult leader(s) (hereinafter "Group Leader"), to give and administer such emergency first aid as, in the judgment of Group Leader, is necessary and appropriate. I understand that every effort will be made to contact me via the above phone(s) and alternate contacts. However, if I cannot be reached within 10 minutes, and said Group Leader determines that my child needs medical treatment, I hereby give my permission that my child may be treated and/or hospitalized by a health care provider or physician selected by the Group Leader as may be necessary, based on the injury or emergency setting. This includes permission to transport or arrange appropriate and/or necessary transportation for my child. Furthermore, I give my permission to the medical provider selected by the Group Leader to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications, for my child.

Further, it is my intention that the appropriated representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)), to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i.) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii.) in the cases of minors, to provide relevant information to the camp representatives for treatment, referral, billing, or insurance purposes, and to keep me informed of my camper's health status.

I have discussed the following *Behavior Covenant* with my child **AND** I agree to pick my child up during the week if asked to do so by the camp Group Leader because of misbehavior—regardless the day of week, or hour of day.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions, and that I am fully informed as to the content of this document, and that I understand the full import of this grant of powers to the agents named herein. I further affirm that my child may be photographed and/or video taped for ORM publicity—so long as his/her last name is not used in captions or articles. I also agree to notify the Camp Director if my camper is exposed to or contracts a contagious condition prior to camp.

\_\_\_\_\_  
Parent / Guardian Printed Name / Relationship

\_\_\_\_\_  
Parent / Guardian Signature / Date

**Camper Behavior Covenant**

I agree to strive to be positive, respectful and encouraging with my fellow campers, counselors and adult leaders in each of our activities, endeavors, and discussions—both formal and informal. I agree to treat all property that is entrusted to my use and care with respect and to only use such property as instructed. I agree to respect the privacy, property, personal space, and diverse opinions of all other campers, counselors, and adult leaders.

I agree to abide by the camp prohibitions against tobacco, alcohol, illegal/controlled substances, fireworks, firearms, violence, pornography, vulgarity, hazing, cheating, lying and stealing. I understand that violating any of these prohibitions may result in warnings, suspension from one or more activities, a parent conference, and/or expulsion from camp. If at any time my behavior endangers health or safety, or is repeatedly disruptive to camp or small group functions, I understand that Group Leaders may apply any or all of the above consequences without warning. I agree to accept said consequences.

\_\_\_\_\_  
Camper Printed Name

\_\_\_\_\_  
Camper Signature / Date