



For your convenience, sign up on-line today!
www.outdoor-ministries.org

Camper Information (The following information must be filled out by the parent/guardian, when the camper is a minor)

Camper's Name: _____ Date of Birth: _____

Age: _____ Gender (Check one): M F Grade in the fall of 2008: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Campers e-mail: _____

Roommate Choice (1 only): _____ How many years have you attended camp? _____

T-shirt Size (Check One): Youth M Youth L M L XL XXL

Church Attended (if applicable): _____ Pastor: _____

Camp Choice

First Camp Choice: _____ Code: _____ Date: _____ Location: _____

Second Camp Choice: _____ Code: _____ Date: _____ Location: _____

Parent / Guardian Information

Custodial Parent / Guardian: _____ e-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ e-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is there anyone this camper should not be released to? _____

Medical Insurance Information

Is this camper covered by family medical / hospital insurance? Yes No

Name of insurance provider: _____ Group number: _____

Name of insured: _____ Relationship to camper: _____

Employer's Name: _____ Policy number: _____

Medical Information & Health History

Make checks payable to: SICUMC

The intent of the follow form is to provide Outdoor Ministries with background to provide appropriate care. Any change to this form should be provided upon arrival at camp. Provide complete information so that Outdoor Ministries can be fully aware of your campers needs.

Family Doctor: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Date of last Tetnus shot: _____

Please list all known allergies (food, medication, etc.), including a description of reaction and appropriate response.

The above named camper takes no medication on a routine basis

The above named camper takes medication as follows:

Please list all medications, including non-prescription drugs, taken routinely.

Name of Medication #1: _____ Dosage: _____

Specific Time Taken: _____ Reason for taking: _____

Name of Medication #2: _____ Dosage: _____

Specific Time Taken: _____ Reason for taking: _____

Name of Medication #3: _____ Dosage: _____

Specific Time Taken: _____ Reason for taking: _____

Please identify any medications the camper takes during the school year that the camper does not take during the summer:

During a routine week of camp, First Aid Staff often administer over the counter allergy and pain medication. Are there any over the counter medications that you do not want the above named camper to take?

Please provide additional information about the above named camper's behavior and physical, emotional, and mental health that the camp should be aware of (asthma, seizures, bed wetting, sleepwalking, etc.).

Payment Information

Check or Money Order

Credit Card

Card number: _____ Exp. Date: _____

Name of Card: _____ Card Holder's Address: _____

City: _____ State: _____ Zip: _____

Card holder's Signature: _____

**Mail to: Outdoor Ministries
1520 S. Liberty Drive
Bloomington, IN 47403**

Agreement: In an emergency, I understand that every effort will be made to contact me. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I also acknowledge that first aid staff may administer general pain medication and over the counter allergy medication at their discretion. I understand that picture and/or video may be taken of my child at camp and used for publicity purposes by Outdoor Ministries.

Parent's Signature: _____ Date: _____