



Aldersgate Camp

Camper Registration Form

A minimum \$60 deposit must accompany all registrations.

Save time register online at www.Aldersgatecamp.org

Family Information				
Camper Full Name		Camper Address		
Parent/Legal Guardian 1		Parent/Legal Guardian 2		Street
Last Name		Last Name		City
First Name		First Name		State
Home Phone		Home Phone		Zip
Work Phone		Work Phone		Parent 2 Address (if different)
Cell Phone		Cell Phone		Street
E-mail		E-mail		City
Emergency Contact Information (will be used if parents cannot be contacted)				State
Emergency Contact 1		Emergency Contact 2		Zip
Full Name		Full Name		Parental Status (Circle One) Married Divorced Single
Relationship		Relationship		
Home Phone		Home Phone		
Work Phone		Work Phone		
Cell Phone		Cell Phone		
Church Information				
Church Name			Minister's Name	
Church Address			City, State, Zip	
Please Note: If the church is paying for all or part of the camper's fee you, please have a church official fill out the information below OR write in the church authorization code from your church. This section must be completed including a church representative signature or authorization code. If left incomplete the parent/guardian will be responsible for full payment. Any unauthorized users will be billed.				
Church Payment Authorization				
Amount OR Percentage Church is Paying:				
Signature of Minister or Church Officer:				
Camper Information				
Likes to be called			Date of Birth	
Gender (Circle One)	Male	Female	Grade entering this fall	
			Camper E-mail	
Shirt Size (circle one)	Youth: S M L	Adult: S M L XL XXL XXXL	Health Insurance Carrier	
Health Insurance Policy #			Primary Insured Name	
Camp Session Registration Section				
First Choice Camp Session			Second Choice Camp Session	
Specific Camp Dates			Specific Camp Dates	
Title of Camp			Title of Camp	
Number of years camper has attend Aldersgate summer camp(Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 More? _____				
Cabin Mate Request				
1 st Choice			2 nd Choice	
Reservations will be confirmed only upon receipt of registration form and payment.				

Camper Full Name:			
Camper Health History			
Camper's Doctor		Doctor's Phone	
Camper's Dentist		Dentist's Phone	

Camper's height _____ Camper's weight _____

1. Is camper on any medications? Yes ___ No ___ If yes, please list medicines and their purpose: _____

All medications brought to camp are handled by the Camp Health Care Provider.

2. Give a description of any current conditions requiring medication, treatment, or restrictions or considerations while at camp:

3. Does the camper have any behavior concerns we should know about?

4. Give a record of past medical treatment:

5. List a record of the camper's immunizations, including date of last tetanus shot:

6. Please circle allergies camper has: None Bee Sting Food Penicillin Seasonal Sulfa Drug Other Please List:

7. The camper has no dietary restrictions _____ The camper has dietary restriction/needs - Please specify: _____

8. Are there any camp activities that the camper should not participate in due to physical/psychological reasons?

9. Is the camper generally in good health and able to participate in all normal camp activities? Yes ___ No ___

Most Recent Physical Examination date ____/____/____
 Month Day Year

For Girls Only: Has female camper menstruated? Yes ___ No ___ If Not has she been told about menstruation? Yes ___ No ___

Is there anything else you can think of that would help the staff make this camping experience a better one for both your camper and for other campers?

If there are changes or additions to the information listed above please inform the camp health care provider when you arrive.

