

Step 1 Camper Name

First Name

Last Name

Middle Name

male female
as listed on birth certificate

Step 2 Camper's Information:

Address _____ City _____ State _____ Zip _____
 Birth date ____/____/____ Current Grade _____ 1) Cabin buddy, list first and second choice, not all requests are guaranteed 2) _____
 Parent or Legal guardian (primary contact) relation _____ home phone _____ work phone _____ cell phone (if listed this will be the primary #) _____
 Parent or Legal guardian relation _____ home phone _____ work phone _____ cell phone _____
 Emergency contact name (Do not list parents) _____ Relation to camper (friend, aunt, grandpa, etc) _____ Emergency contact phone numbers (list up to 2 phone numbers) _____
 Church you attend _____ city _____ Church you are coming with, if applicable (Remember to let that church know you have registered.) _____
 Parent email _____ Camper email _____
 How did you hear about The Springs? friend church web promotional event other First time summer camper at The Springs Yes No (if yes, subtract \$25)

Step 3 Camper's Health Information: All info must be filled out.

A health officer is on site at all times. *It is our policy to contact the parent or guardian as soon as possible in the event of a serious accident or injury. If information has changed on the day of registration please see the health officer at that time. Please bring all medication in ORIGINAL CONTAINER or you will not be allowed to leave the medication or vitamins at the camp. No exceptions. All prescriptions must be in that camper's name and the correct dosage.*

Any Camper Restrictions? _____
 Any physical, mental or other condition that would require special attention or medication? _____
 Any past medical treatment that would be helpful for us to know? _____
 List any allergies. bees peanuts other _____
 Any dietary needs that we should know about _____
 Insurance Company _____
 Insurance Policy # _____

Step 4 Medication:

List all medications, both prescribed and over the counter, all medications will be turned into the health officer except rescue inhalers, **bring all medication in original containers.**

List all medication and dosage:

Step 5 OTC APPROVAL:

All Approved None Approved Some Approved
 If you approve of some, please circle them below.

Benadryl | Claritin | Zyrtec | Hydrocortisone Cream
 Ibuprofen | Lotrimin Cream | Stool Softener | Tums
 Tylenol | Zantac

Step 6 Payment options: CASH/CHECK OR ONLINE

Cash/Check
 Pay Online (Go to www.thespringscamp.com and create an account for your camper to make a payment online)
A \$50 non refundable, but transferable, fee is due with this application form. Balance due at check-in.

Step 7 Camper Release: Camper will only be released to those listed below (Parents/guardians and emergency contact listed will be added automatically) :mark all that apply

Church Van _____
 Other _____

Step 8 Departure:

Early Departure 11am
 Late Departure 1pm

Medical Information-All medication, over the counter and prescription, must be turned in to the health office, exceptions are rescue inhaler and epi-pens, when you arrive at camp please let the health officer know if any of your medical information or medication has changed. All prescriptions must be for the correct dosage and in the camper's name.

All medications, vitamins, and over the counter drugs must be in the original container.

Step 9 Consent signature: Read and then sign

In case of medical emergency or general medical care, I give consent for medical treatment for the above named camper by authorized personnel. General over the counter medications may be given to my camper unless I state otherwise. The camp carries secondary insurance. I understand that the above named camper will only be released to the names listed above. I understand that my child will be housed and use the bathroom in the same gender as specified on their birth certificate which reflects the gender listed on this application. An update may be done at registration. I certify that my child is free from infectious disease or conditions, and there immunizations and tetanus shots are up to date. I certify that my child has my permission to attend camp and participate in all activities and I authorize The Springs to use my camper's picture or testimony in any promotional material (web, print or media). My child may receive e-mails from the camp. I give permission for my child to be transported off camp property if needed by designated camp staff.

SIGN HERE

What to Bring-

Bible, pen, notebook, water bottle, sleeping bag, pillow, Clothes, Coat, rain gear, gloves, hat, washcloth and towel, soap, shampoo, toothbrush, toothpaste, pajamas, dirty clothes bag, two pair of shoes, flashlight, spending money for the store/coffee shop.