

# 2009-2010 Attendee Information Form



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Pelham, GA 31779  
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Web: campcharis.org  
Email: campcharis@bellsouth.net



- ◆ The Attendee Information Form is required for every attendee at Camp Charis, prior to attendance, and is good for the entire season (August 15, 2009-August 14, 2010). It will help us provide the very best for you/your child and help in case of emergency or some other circumstance that involves your child. Please be as complete as possible so we can be as prepared as possible.
- ◆ **Please have Attendee Information Form printed clearly in black ink by an ADULT.** Signature required. Additional Attendee Information Forms may be copied or down loaded at campcharis.org. You may submit an updated Camper Information Form at any time through the year.
- ◆ **You must submit a separate Session Attendance Application to designate your attendance requests. They may be downloaded at campcharis@bellsouth.net if you do not have one.**

## ATTENDEE INFORMATION:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Name For Nametags \_\_\_\_\_  
Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail \_\_\_\_\_  
Cell Phone \_\_\_\_\_ My Space, Facebook or other personal web page \_\_\_\_\_  
Grade as of Sept 1, 2009 \_\_\_\_\_ School Attends \_\_\_\_\_  
Attends Church  Never  Seldom  Monthly  Weekly Name of Church \_\_\_\_\_

## CUSTODIAL PARENT/GUARDIAN INFORMATION: (the camper's primary residence)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship To Camper \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_  
Spouse Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_

## NON-CUSTODIAL PARENT/GUARDIAN INFORMATION:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship To Camper \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Spouse Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN: *If unable to reach a person named previously, contact:*

1) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship To Camper \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
2) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship To Camper \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## PICK-UP AUTHORIZATION: Grades 1-6, only. *Note: this form is for August 15, 2009-August 14, 2010. Think beyond one session. Updated forms may be submitted throughout the year.*

Camper listed above may be picked up at any time by the following:

- No person but \_\_\_\_\_
- Any person camper is willing to go with.
- Any person listed here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want the person picking up this camper to be required to show picture identification?

- Yes
- No

**Cadets and SALT are not checked upon departure and are presumed to be mature enough to follow family instructions.**

Camper First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Name For Nametags \_\_\_\_\_

**FRIENDS WHO MAY ATTEND: (Grades 1-6)**

List friends who you would like to bunk with if attending your sessions. Some tips: 1) list several friends for more options, 2) not every friend will come to every session, 3) campers must be in the same age group, 4) new and younger campers are given priority, 5) groups of more than three are usually broken up, 6) attach a note with your Session Application if you sign up a new camper who has never been so you will be a priority to match together if possible and, 7) **Cadet and SALT placements are generally made to encourage interaction and team building.**

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_ Third Choice \_\_\_\_\_  
Fourth Choice \_\_\_\_\_ Fifth Choice \_\_\_\_\_ Sixth Choice \_\_\_\_\_

**INSURANCE INFORMATION:**

Is the camper covered by health/medical/hospital insurance? \_\_\_\_\_ Name of Insured Person \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_  
Policy Number \_\_\_\_\_

**CAMPER MEDICAL INFORMATION:**

**A brief health survey will be conducted at time of arrival. All prescription and non-prescription medications, treatments, ointments, etc. must be turned in (in original containers) at that time. Please be thorough and attach a separate sheet if additional space is needed.**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Describe any on-going illness, allergies or condition (asthma, hyperactivity, diabetes, digestive trouble, etc.) to which camper is subject and/or under a doctor's care. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any physical, mental or emotional hindrances to which camper is subject. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give any further information/considerations about the camper that will help us provide a safe and meaningful camp experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- yes  no Camper is current on all (Measles, Mumps, Rubella, Polio, Tetanus, Diphtheria) immunizations.
- yes  no Camper may receive over-the-counter medications/treatments for needs that may arise (headaches, nausea, etc.).
- yes  no Camper wets bed. If yes, please pack a plastic sheet and extra bedding.

***I understand and agree that:***

- Phone calls and visits to campers and staff are prohibited, except in case of emergency.*
- Campers must abide by camp rules. Discipline ranges from time-out to, in the case of a serious violation, being separated from other campers until a parent or guardian comes to pick up the camper.*
- Parent/Guardian is responsible for loss/damage to the camp or the personal property of another resulting from camper's behavior.*
- Any photographs/videos of the camper, individually or in a group, by or for Camp Charis while the camper is participating at camp, shall be the absolute property of Camp Charis for their promotional use. Any claim for damages or compensation for their use is hereby released.*
- This health and personal history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted by me or my physician. By signing this form, I verify that my camper is the age listed on the front of this form and is registered for the program for his/her age at the time of attending camp.*
- Emergency Authorization:** *In case of emergency, I hereby give permission for medical personnel selected by authorized camp staff to secure proper treatment for my child if he/she is ill or injured. Such treatment could include, but is not limited to, the following: x-rays, injections, hospitalization, anesthesia, and/or surgery. This form may be photocopied for use outside of camp. Every effort will be made to contact a parent or guardian before taking emergency action.*

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_