



# Camper Information Form



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Pelham, GA 31779  
Phone: (229) 294-2294  
Web: campcharis.org  
Email: campcharis@bellsouth.net

- ◆ The Camper Information Form is required for every camper under the age of 18 prior to attendance and is good for the entire season (August 15, 2008-August 14, 2009). It will help us provide the very best for 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 Camper Information Form printed clearly in black ink by an ADULT.** Signature required. Notarization is NOT required. Additional Camper Information Forms may be copied or down loaded at campcharis.org.
- ◆ You may submit an updated Camper Information Form at any time throughout the year.

## CAMPER 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, 2008 \_\_\_\_\_ 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: *Note: this form is for August 15, 2008-August 14, 2009. Think beyond one session.*

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

## FINANCIAL ASSISTANCE REQUEST: *(grades 1-6, only)*

- Yes, complete financial assistance is necessary for this child to attend camp sessions.
- Yes, some financial assistance may make the difference in this child attending camp sessions.
- No financial assistance is needed.

**If financial assistance is requested, attach a separate sheet of paper explaining your circumstances and your ability to pay any amount.**

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

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**FRIENDS WHO MAY ATTEND:**

List friends here who you would like to bunk with if they attend the same sessions. Some tips: 1) list several friends for us to try to match you with, 2) remember not every friend will come to every session, 3) campers must be in the same grouping, 4) new campers are given priority, 5) attach a note with your Attendance Application if you sign up a new camper who has never been so you will be a priority to match together if possible.

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

Please do not process any Attendance Application if camper is not able to bunk with at least one friend listed above.

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**INSURANCE INFORMATION:**

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

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**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.

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**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 \_\_\_\_\_