



# JR- ABCD 2008 Registration Form

40th<sup>th</sup> Annual Session – Camp Paron, Arkansas April 25<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup> 2008

DEADLINE APRIL 7<sup>th</sup> 2008

\*\*\*\*One Form per Person - Please Type or Print-Photocopies Accepted\*\*\*\*

Full Name:			Church Name:		
Address:			Church Address:		
City:	St:	Zip:	Church City:	St:	Zip
Phone:	TDD / VP <input type="checkbox"/> Yes <input type="checkbox"/> No		Church Phone:	TDD / VP <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:			Church Email Address:		
Emergency Contact:			<p><b><i>In case of emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child or named above.</i></b></p>		
Emergency Contact Address					
Emergency Contact Phone Number					
Parent or Guardian Signature: _____					

**Early Bird Registration Fee: \$10.00 per Person (13 Years Old and Up)**

**Note: After April 7, registration fee will be \$12.00**

<b>Registration (required for all)</b>	<b>\$10.00</b>	<b><u>\$10.00</u></b>
<b>Cabin (2 nights/per person)</b> <i>(\$12.00 for first night and \$4.00 for second night)</i>	<b>\$16.00</b>	<b>\$16.00</b>
<b>Meals - (\$7.00 each) 6 meals</b>	<b>\$42.00</b>	<b>\$42.00</b>
<b>DPACT Youth Ministry Contribution</b>	<b>-\$28.00</b>	<b>-\$28.00</b>
You pay this amount		\$40.00
<b>Group Picture</b>	<b>\$10.00</b>	_____
<b>T Shirts</b> <input type="checkbox"/> M <input type="checkbox"/> L		<b>PICK SHIRT SIZE</b>
<input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL		
<p><b><u>PLEASE NO PERSONAL CHECKS!</u></b>            Pay by Money Order or Cashier Check            Checks from your local church is acceptable            Payable to Make Check payable to <b>ABSC/ABCD.</b>            Mail or give to  <b>Jeremy Simons</b>  <b>1203 Copper Creek,</b>  <b>Benton, Arkansas 72015</b>  <b>OR Call or FAX</b>  <b>(501) 580-3989</b></p>		<p><b>TOTAL Fees</b></p> <p>\$ _____</p>

**CAMP SCHOLARSHIP is available to assist your child to come to camp. Please contact us!**

**MUST FILL OUT  
 ABCD Camper Medical Release Form  
 Insurance Information  
 Other Side.**

# ABCD Camper Medical Release Form Insurance Information

To be filled out by parent, guardian, or adult participant. Please print in ink.

**IDENTIFICATION**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If person named above is not available in the event of an emergency, notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

**ALLERGIES:** Food, medicines, insects, plants Yes  No  Explain: \_\_\_\_\_

<b>GENERAL INFORMATION:</b>		Yes	No	Yes	No	Yes	No	
ADHD (Attention-Deficit								
Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used: \_\_\_\_\_

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

**Immunizations:** (Give date of last inoculation.)

Tetanus toxoid \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_

Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_

Pertussis \_\_\_\_\_ Rubella \_\_\_\_\_

**In case of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date \_\_\_\_\_

Signature of parent/guardian or adult \_\_\_\_\_

Emergency phone number \_\_\_\_\_

**Some hospitals require the parent/guardian signature to be notarized.**