



# TRIBAL CAMP



## Registration Form

July 25<sup>th</sup> - August 5<sup>th</sup>, 2016 Weekdays Only  
*Please fill out this complete application for each child.*

\_\_\_\_\_  
Child's Name (Last, First)

Attending Week 1: July 25<sup>th</sup> – 29<sup>th</sup>

\_\_\_\_\_  
Address

Attending Week 2: August 1<sup>st</sup> – 5<sup>th</sup>

\_\_\_\_\_  
City/Zip

\_\_\_\_\_  
Grade Entering

\_\_\_\_\_  
Age

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Parent/Guardian #1

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work/Cell

\_\_\_\_\_  
Parent/Guardian #2

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work/Cell

\_\_\_\_\_  
Family email

Permission to post pictures on Facebook (not tagged) Y / N

### Emergency Contacts

Persons to be contacted for medical emergency or pick up if parents cannot be reached.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

### Physician and Health Insurance Information

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address/Location

\_\_\_\_\_  
Health Insurance Provider

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Dentist's Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address/Location

Medical Information

\_\_\_\_\_  
List any restrictions to your child's ability to participate in a complete camp setting

\_\_\_\_\_  
List any purposes for which your child has had counseling in the last three years

\_\_\_\_\_  
List any medication that your child will be on during the camp session (see parent guide)

\_\_\_\_\_  
List any medication your child utilizes to help with attention and/or learning problems

\_\_\_\_\_  
List all known allergies including food and medication

\_\_\_\_\_  
List any other illness, disability or chronic condition relevant to the camp setting

Additional Camper Information

Is there anything camp staff should know to help make this an enjoyable experience for your child?

\_\_\_\_\_  
\_\_\_\_\_

What does your child like to do best? What are his or her interests and hobbies?

\_\_\_\_\_

Payment Options

All Payments should be made to: United Church of Gainesville. Note "Tribal Camp"

**Registration** - Submit a non-refundable registration fee of \$50 with this application to reserve each child's spot. Balance of tuition must be paid by June 1<sup>st</sup>. Because space is limited, each child's full tuition must be submitted by the deadline or your child may lose his or her spot.

I wish to make a tax-deductible donation to the Tribal Camp Scholarship Fund: Amount: \$\_\_\_\_\_

Parent/Guardian Authorizations and Permissions

- In case of medical emergency, I hereby give permission to Tribal Camp staff to secure proper medical treatment for my child \_\_\_\_\_ (print child's name). In an emergency, I understand it is camp policy to make every reasonable effort to contact the parent/guardian immediately.
- I understand the medical information must be completed and returned.
- I understand that Tribal Camp and UCG is not responsible for my child's personal property.
- I give permission to use still, slide, or video photographs of my child for public relations.
- I have read and accept the policies and fees printed on this Tribal Camp application and the registration forms. I represent that the statements made herein are true and accurate.

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_