



2021 Camp Registration

Registration Form

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Partner Name

Camper Information

| | | | | |
|-------|--------|------|-----------|--------|
| First | Middle | Last | Birthdate | Gender |
|-------|--------|------|-----------|--------|

Family Information

Personal Information

Family Role (ex: Mother, Legal Guardian)

| | | |
|------------|--------|------|
| First Name | Middle | Last |
|------------|--------|------|

Email

Profession

Primary Address

Type (ex. Home)

| | | | |
|--------|------|----|-----|
| Street | City | ST | Zip |
|--------|------|----|-----|

Phone

Phone

Spouse Information (Optional)

Family Role (ex: Mother, Legal Guardian)

| | | |
|------------|--------|------|
| First Name | Middle | Last |
|------------|--------|------|

Email

Profession

Spouse Primary Address

Type

| | | | |
|--------|------|----|-----|
| Street | City | ST | Zip |
|--------|------|----|-----|

Spouse Phone

Phone



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Medical History - Medication & Allergies No Known Medication Allergies

| | | | |
|--|--|--|--|
| CAMPER IS ALLERGIC TO AMOXICILLIN | Yes <input type="checkbox"/> No <input type="checkbox"/> | CAMPER IS ALLERGIC TO PENICILLIN | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CAMPER IS ALLERGIC TO BACTRIM/SEPTRA/SULFA | Yes <input type="checkbox"/> No <input type="checkbox"/> | CAMPER IS ALLERGIC TO TYLENOL | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CAMPER IS ALLERGIC TO IBUPROFEN | Yes <input type="checkbox"/> No <input type="checkbox"/> | CAMPER IS ALLERGIC TO ANOTHER MEDICATION | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | IF YES WHAT IS THE MEDICATION | |

Medical History - Allergy History No Known Allergies

| | | | |
|--|--|----------------------------------|--|
| CAMPER IS ALLERGIC TO INSECT STINGS | Yes <input type="checkbox"/> No <input type="checkbox"/> | CAMPER IS ALLERGIC TO PEANUTS | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| IF YES SPECIFY INSECT | | CAMPER IS ALLERGIC TO EGGS | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CAMPER IS ALLERGIC TO POISON IVY, POISON OAK, OR SUMAC | Yes <input type="checkbox"/> No <input type="checkbox"/> | CAMPER IS ALLERGIC TO COW'S MILK | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CAMPER IS ALLERGIC TO ANOTHER FOODS | Yes <input type="checkbox"/> No <input type="checkbox"/> | CAMPER IS ALLERGIC TO GLUTEN | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| IF YES WHAT IS THE FOOD | | CAMPER IS ALLERGIC TO SHELLFISH | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Medical History - Health History No Known Health Conditions

| | | | |
|--|--|--|--|
| ASTHMA | Yes <input type="checkbox"/> No <input type="checkbox"/> | SEIZURE DISORDER | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ADD / ADHD | Yes <input type="checkbox"/> No <input type="checkbox"/> | HARD OF HEARING/DEAF | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| HYPOGLYCEMIA | Yes <input type="checkbox"/> No <input type="checkbox"/> | CARDIAC ISSUES / HYPERTENSION | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| MIGRAINES | Yes <input type="checkbox"/> No <input type="checkbox"/> | BLADDER / KIDNEY | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| HAS YOUR CAMPER BEEN HOSPITALIZED IN THE LAST YEAR? | Yes <input type="checkbox"/> No <input type="checkbox"/> | SLEEP WALKING | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| IF YES DETAILS | | NIGHT TERRORS | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ARE THERE ANY ACTIVITIES YOUR CAMPER IS RESTRICTED FROM DOING? | Yes <input type="checkbox"/> No <input type="checkbox"/> | OTHER CONCERNS/DISORDERS | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| WHAT ARE THE RESTRICTIONS AND WHY? | | IF YES DETAILS | |
| PHYSICAL DISABILITY (MUSCULAR/COORDINATION) | Yes <input type="checkbox"/> No <input type="checkbox"/> | CAMPER HAS DIABETES | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| IF YES EXPLAIN | | CAMPER BECOMES ILL WHEN EXERCISING IN THE HEAT | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| CELIAC DISEASE | Yes <input type="checkbox"/> No <input type="checkbox"/> | CAMPER HAS SICKLE CELL ANEMIA | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ECZEMA | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |



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Medical History - Social Concerns No Known Social Concerns

| | |
|--|---|
| DEPRESSION Yes <input type="checkbox"/> No <input type="checkbox"/> | BI-POLAR / PSYCHO - SOCIAL DISORDER Yes <input type="checkbox"/> No <input type="checkbox"/> |
| IF YES EXPLAIN | IF YES EXPLAIN |
| ANXIETY Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| IF YES EXPLAIN | |

Medical History - Emergency Contacts

| | | | | |
|--------------|--------------------|---------------|---------------|------------|
| Relationship | Contacts Full Name | Daytime Phone | Evening Phone | Cell Phone |
| Relationship | Contacts Full Name | Daytime Phone | Evening Phone | Cell Phone |
| Relationship | Contacts Full Name | Daytime Phone | Evening Phone | Cell Phone |

Medical History - Medications No Medications Needed

Medicine will not be dispensed unless the following guidelines are met:

If you are bringing prescription medications, they MUST be in the original pharmacy labeled container or the original manufacturer's container. Prescription medications MUST have your attendee's name on the bottle.
Any doctor's office samples MUST be accompanied by a signed physician prescription.
Please limit the amount of medication to only what is required for your attendee's term.
Our Health Center provides most common over the counter medications. Please do not send these to Event Location.
If your attendee does not have any medications, then you can skip this step and move on to the Next step.

| Medication | Route of Administration | Strength | Mark all that Apply | Special Instructions or Comments |
|------------|-------------------------|----------|--|----------------------------------|
| | | | Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> | |
| | | | Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> | |
| | | | Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> | |
| | | | Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> | |

Medical History - Insurance

| | | |
|---------------------------|------------------------------|------------------------|
| Name of Insurance Company | Policy Number (MUST INCLUDE) | Insurance Phone Number |
| Name of Doctor | Doctors Phone Number | |



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Medical and Liability and Image Release

“The undersigned represents to Camp Amplify Inc., that he/she is the legal guardian and natural parent or the legal guardian of the above named child; and the undersigned does hereby consent to such minor taking part in the Camp Amplify Inc., with full understanding that insofar as such activity will involve but is not limited to traveling to and from camp or parks in vans or busses, eating food prepared by camp staff or local restaurants, swimming, horseback riding, camp sports or amusement rides; which could include, low & high ropes courses, lakes, pools, or other, and that there is always the risk of injury, illness, loss, death, and possible consequent expenses for the medical, diagnostic, and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of such minor assume the risk of such expense and does hereby wholly release Camp Amplify Inc. and any representative from any responsibility or liability; and waives any claims or causes of action against it or its agents that might rise on account of loss, injury, death, or expense occasioned by any sort of accident or illness (such as coronavirus) or any other circumstances involving such child, and agrees to hold harmless in event any such claim should arise; and the undersigned agrees to abide by the rules and regulations, supervision and discipline set applied by Camp Amplify Inc. and its agents, and does hereby authorize Camp Amplify Inc. or its representatives or other agents to arrange for any needed medical treatment or x-rays, and hold harmless Camp Amplify Inc. from any such expenses. The undersigned will reimburse Camp Amplify Inc. fully or furnish payment or insurance for any such permission is also given to the camp nurse or doctor to administer over the counter medication to the above-named child as needed. The undersigned also gives permission to Camp Amplify Inc. to use any image, video or written material that the above-named child is in or wrote. Images and videos will be used for the sole purpose of promoting the camp and not for financial gain.

The undersigned understand that the directors of Camp Amplify Inc. reserves the right to dismiss any camper (at the partner's expense) who completely disregards the authority set in place at Camp Amplify Inc. or whose influence and conduct becomes in any way detrimental to the best interests of other participants and staff at Camp Amplify Inc.

Parent/Guardian Signature

Date

Circle one in each column:

Campers Ethnic Background

- African American
- Latino
- Caucasian
- Other

Are Both Parents Living?

- Yes
- No

Camper Lives with?

- Both Parents
- Mother
- Father
- Grandparent(s)
- Other

Camper T-shirt Size (circle one) Youth Size: S, M, L, or XL

or Adult Size: S, M, L, or XL