



Day Camp Registration

Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Last)

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Gender:  Girl  Boy

Grade entering in September 2016: \_\_\_\_\_ 15'-16' School Name: \_\_\_\_\_

Family Information

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Secondary Contact Number: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Secondary Contact Number: \_\_\_\_\_

If camper does not live with both parents, who is the primary contact?  Parent 1  Parent 2

Camp Selection

Dates

Select your Bus Stop

- Session 1: June 6-10
Session 2: June 13-17
Session 3: June 20-24
Session 4: June 27-July 1
Session 5: July 4-8
Session 6: July 11-15
Session 7: July 25-29
Session 8: August 1-5
Huntsville
The Woodlands
Evergreen

T-Shirt Size: (Please circle) Youth M Youth L Adult S Adult M Adult L Adult XL

Camp Buddy Request: You may request two friends per group. The campers being requested must be within one calendar year of your camper's age.

Camper 1: \_\_\_\_\_ Camper 2: \_\_\_\_\_

Will your camper be staying for Forest Glen Late Night on Thursday night? \_\_\_\_\_

If the child is a returning camper, how many years have they attended? \_\_\_\_\_

If it's the first time, how did you hear about camp? \_\_\_\_\_

## Health Information

Allergies:  No Known Allergies

Allergic to:  Food  Medicine  Environment (insect stings, hay fever, etc.)  
(Please describe below what the camper is allergic to and the reaction seen)

Other

Diet, Nutrition:  Eats regular diet.  This camper eats a regular vegetarian diet.  
 Special Diet needs (Please describe below.)

Is your camper current on all immunizations?  Yes  No Date of last Tetanus booster: \_\_\_\_\_

If your camper ***has not*** been fully immunized, please sign the following statement: "I understand and accept the risks to my child from not being fully immunized."

Signature of Custodial Guardian \_\_\_\_\_ Date \_\_\_\_\_

If your child will be taking medication while at camp, a medical information slip will be provided on the first morning of the session. Parents/Guardians can fill this out on that Monday morning.

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***The State of Texas requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

## General Health History

### Has/does the camper:

1. Had any recent injury, illness or infectious disease (head, seizures, mononucleosis, etc.)?  Yes  No
2. Have a chronic or recurring illness/condition (headaches, earaches, heart murmur, diabetes, asthma, etc.)?  Yes  No
3. Ever been knocked unconscious?  Yes  No
4. Wear glasses, contacts or protective eye wear?  Yes  No
5. Ever passed out during or after exercise?  Yes  No
6. Ever been dizzy during or after exercise?  Yes  No
7. Ever had chest pain during or after exercise?  Yes  No
8. Have any skin problems (e.g., itching, rash, acne)?  Yes  No

Please explain any "yes" answer: \_\_\_\_\_

### Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?  Yes  No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?  Yes  No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?  Yes  No
4. Had a significant life event that continues to affect the camper's life?  Yes  No  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain any "yes" answer: \_\_\_\_\_

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Does the child have any behavioral tendencies of which the camp should be aware? \_\_\_\_\_

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Camper's Swimming Ability:     Non-Swimmer     Beginner     Intermediate     Advanced

Are there any activities in which the camper should not participate? \_\_\_\_\_

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**What Have We Forgotten to Ask? Please provide in the space below** any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

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## Additional Information

### Emergency Contacts

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### Physician/Insurance

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the camper covered by medical/hospital insurance?    Yes     No

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

### Parent/Guardian Authorization for Health Care

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

**Terms and Agreements**

1. I give permission for the camper to attend Forest Glen Camps, INC, (hereinafter referred to as "Forest Glen") during the 2016 camp season and to participate in all activities sponsored by Forest Glen, on or off camp premises, whether or not identified in camp brochure. This includes but is not limited to high ropes challenge course, swimming pool, the blob, horseback riding and travel in "camp-provided" or other motor vehicles. I understand that there are risks of bodily injury in these and other activities that are conducted at Forest Glen. I hereby release and hereby indemnify from liability (that is, hold harmless in all respects) Forest Glen, Inc., directors, counselor staff, and all other employees and agents of Forest Glen, with regard to all claims for liability resulting from injuries that may be incurred as a result of the camper's participation in all camp activities.
2. Requests to change the week of attendance of a camper's stay can be made only if space is available as determined entirely at the discretion of Forest Glen.
3. No refund shall be made for a camper arriving late, leaving early, or missing any portion or all of the camp session, irrespective of cause.
4. Forest Glen reserves the right to dismiss a camper whose conduct or influence is unsatisfactory or detrimental to the best interests of the camp, as determined entirely at the discretion of Forest Glen. No refund shall be made for any portion of the camp session not attended by a camper because of dismissal.
5. Forest Glen recommends that no valuable items such as expensive watches, rings, cameras or jewelry be brought to camp. Forest Glen is not responsible for any lost or damaged property of any kind, including, without limitation, clothing, electronic equipment, sports equipment, games, audio equipment and music collections, cash and personal possessions.
6. Forest Glen is authorized, during the camp session, to make all decisions concerning the camper's emergency health and safety needs, including, but not limited to, first aid and emergency medical treatment of the camper (including, without limitation, hospitalization and surgery.) I fully release Forest Glen and its authorized representatives from any liability for any such actions. Forest Glen will do everything possible to communicate any medical decision with the camper's parent or guardian before such action is taken. Payments for all medical and related expenses are the responsibility of the camper's parents or guardian. If the medical provider does not accept the camper's medical insurance, then the responsibility to pay the medical provider shall be the camper's parents/guardian. The parents/guardian of the camper shall reimburse Forest Glen upon receipt of written invoice for any such expense paid by Forest Glen, and any such payment by them shall be an advancement against such reimbursement.
7. The camper will not be allowed to attend Forest Glen without providing Forest Glen with a fully completed medical form that includes the camper's health history and is signed by the camper's parent or guardian. The medical form must be satisfactory to Forest Glen in form and substance, as determined at Forest Glen's sole discretion. Each camper will have on file with Forest Glen, a completed 2016 medical form, before the camper's first day of camp attendance.
8. I consent to the reproduction and use of camper's photograph, audio recording, video image or other likeness of the camper for the purpose of promoting or advertising Forest Glen and for other camp-related purposes.
9. Forest Glen policy prohibits a camper being taken from camp without prior authorization from a Camp Director.
10. I agree that this Agreement shall be construed and enforced under the laws of Texas. The venue for any legal dispute with Forest Glen arising under this agreement or from the camper's attendance at Forest Glen shall be Walker County, Texas.

**I approve this registration and all the conditions and statements stated within:**

Signature of Custodial Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_