

**United Methodist Adventure Day Camp  
Registration and Health Form**

July 26-29, 2010

Note: If more than one child is attending, please fill out a separate form for each child.

Name \_\_\_\_\_

Home Church \_\_\_\_\_

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

Phone #s \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade completed as of June 2010 \_\_\_\_\_

Is there a friend your own age that you would like to be grouped with?

Write that friend's name here: \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

If unavailable in an emergency please notify:

Name \_\_\_\_\_ Phone #s \_\_\_\_\_

Relationship to child \_\_\_\_\_

Does the child have any special needs? \_\_\_\_\_

Does the child have any allergic reactions to the following: (check all that apply)

Penicillin \_\_\_ Pollens \_\_\_ Bee stings \_\_\_ Foods (specify) \_\_\_\_\_

Other allergies \_\_\_\_\_

What happens when the child has a reaction? \_\_\_\_\_

How is it treated? Does the child know how to manage his or her reaction? \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_

Will you be sending any meds to camp with your child? If so, please list them here:

\_\_\_\_\_

In an emergency, I hereby give permission to the Adventure Day Camp Staff to get my child medical attention as soon as possible.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registration and payment (\$45/camper) due by July 11**  
at your church office. Make checks payable to your church.  
*ADC is a cooperative ministry of the Duluth-area United Methodist churches.*