

**Salvation Army's
Summer Adventures Camp
Registration Form**

Child's Information

Child's Name: _____ SS#: _____

Birthday: _____ Age: _____ School: _____ Grade: _____

Parent/ Guardian's Name(s): _____

Parent/ Guardian's SS#(s): _____

Address: _____

Home Phone Number: _____

Cell Phone Number(s): _____

Parent/ Guardian #1 Work Information

Parent/ Guardian #2 Work Information

Place: _____

Place: _____

Phone: _____

Phone: _____

Hours: _____

Hours: _____

Siblings Information:

Name: _____ Age: _____ School: _____ Grade: _____

Name: _____ Age: _____ School: _____ Grade: _____

Name: _____ Age: _____ School: _____ Grade: _____

Name: _____ Age: _____ School: _____ Grade: _____

*Please put a star by any siblings who will also be attending Salvation Army's ASA.

Child's Name: _____

Child Release Form

Upon Pickup at the end of each day, you or a designated person will be responsible for coming in and signing your child out. Please list the individual(s) who are **permitted** to pick your child up. If the individual is not recognized, **ID may be required**.

Name _____ Relationship _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Name _____ Relationship _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Name _____ Relationship _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Name _____ Relationship _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

The following individual(s) are **not allowed** to pick up my child. Please note that those listed will be **prohibited** to pick your child up.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Medical Information

Child's Name: _____	SS#: _____
Birthday: _____	Age: _____
Parent/ Guardian's Name(s): _____	
Parent/ Guardian SS#(s): _____	
Address: _____	
Home Phone Number: _____	Cell Phone Number(s): _____
Name of family physician: _____ Phone _____	
Name of dentist: _____ Phone _____	
Name of eye doctor: _____ Phone _____	
Dietary Restrictions: _____	
Current Medications (long term): _____	
Operations or serious injury (<i>dates</i>) _____	
Suggestions on health related information for personnel: _____	
For Female:	
Has this person menstruated? Yes No If so, is her menstrual history normal? Yes No	
If not, has she been told about it? Yes No Special Considerations: _____	

Child's Name: _____

HEALTH HISTORY

Please check all that apply. Please feel free to make notes explaining any health concerns

Long Term Illness

- heart defect/disease
- convulsions
- hypertension
- diabetes
- bleeding disorder
- clotting disorder
- mononucleosis
- psychiatric treatment
- other

Allergies

- hay fever
- molds/ Dust
- poison Ivy/ Oak
- insect Bites
- food
- medicines
- other

Diseases

- chicken pox
- measles
- mumps
- rubella
- whooping cough
- other

Disabilities/ Handicaps

- physical
- mental
- developmental
- learning
- speech
- dyslexia
- ADD
- ADHD
- autism
- aspergers
- turrets
- other

Other medical issues

- asthma
- other

Reoccurring Illness

- ear infections
- strep throat
- colds
- other

Please include any information we may need to prevent the condition(s) from occurring or worsening or to assist in the treatment of any of the conditions mentioned above.

Child's Name: _____

Salvation Army Medication Information Form

Any child who needs medication dispensed during Day Camp MUST have this section completed. ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER, LABELED WITH THE PRESCRIPTION NUMBER, DOCTOR NAME, PATIENT NAME, MEDICATION NAME, DOSAGE AND FREQUENCY.

- *If at all possible, please try to schedule medications to be taken before or after SAC.**
- *Any time a medicine type or amount changes, please let us know.**

	Name of Med.	Prescribing Physician	Prescribing Physician Phone
1			
2			
3			
4			
5			
6			

Signature of Parent/Guardian _____ Date _____

Child's Name: _____

Emergency Contact Form

In case of an emergency, all efforts will be made to get ahold of the parent(s)/ guardian(s) listed on the registration form. If we can not reach a parent/guardian please list the name of relatives or close friends that should be notified.

Name _____ Relationship _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Name _____ Relationship _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Name _____ Relationship _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Do you carry medical/hospital insurance? Yes No

If so, indicate: Carrier _____ Policy or Group # _____

Medical Assistance # _____

Emergency Treatment Authorization

I, _____ of _____, Indiana
Full Name City

in Monroe County, do hereby state that I am the legal guardian
County

of _____, a minor, aged _____ born _____
Child's Name Age Date of Birth

who resides with me (us) at _____
Current Address

I authorize the Bloomington, Indiana Salvation Army Corps staff to consent to any emergency examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above minor under the general or special supervision and on the advice of any physician or surgeon licensed to the practice of medicine in the state of Indiana, to release records necessary for insurance purposes and to provide necessary related transportation. This completed form may be photocopied for trips off of the Salvation Army grounds.

By signing this waiver I indicate that I have read and understand the above materials and agree to abide by these terms. I am aware this is a waiver and a release of liability and I sign it voluntarily.

Signature

Date

Photograph Consent Form

I hereby irrevocably grant to The Salvation Army the absolute right and permission to copyright and/or publish or use photographic portraits of my children, or in which they may be included in whole or in part, or composite or distorted in character or form, in conjunction with their name or a fictitious name, or reproductions thereof in color of otherwise, made through any media, for art, advertising or any other lawful purpose whatsoever. I also grant The Salvation Army the same right and permission to use any statements or testimonials made by my child.

Signature of Parent or Guardian

Date

Name of Child

Religious Activities

I understand that a portion of The Salvation Army Summer Adventure Camp includes Bible lessons, and I give my permission for my child to be involved.

I, the undersigned, have read and understand the above material.

Signature of Parent or Guardian

Date

Name of Child