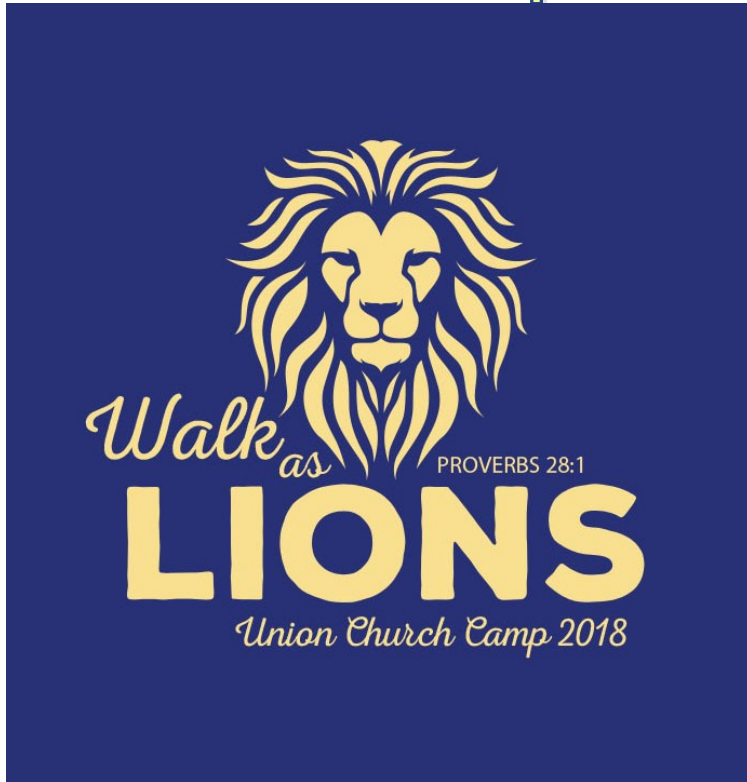


Union Church Camp 2018

Grade - Fall 2018



Middle School

6th-8th grade

Elementary

3rd-5th grade

Junior Camp

2nd grade

Camp Speaker:
Ron Goetz

July 28-Aug 1

IMPORTANT INFORMATION—Please Read

The camp cost for this year is \$220 per camper. Attached is a registration form that needs to be returned with the registration fee. The completed forms and money are due July 1, 2018. Any registrations received after July 1st will be assessed an additional \$75 late fee.

The cost for camp is not meant to be an obstacle for any individual wanting to attend camp. However, this year we will only be offering a very limited amount of scholarships for those who cannot afford the registration fee. Anyone requesting a scholarship or desiring to make payments for the registration fee should contact Camille Kline directly at 260/758-2550, Ext. 2.

Registrations may be returned and submitted to:

Mail: Camille Kline

Union Church
3688 E 400 N
Huntington, IN 46750

Scan and E-mail: info@unionchurchin.org

Additional Forms and Online Payment Available at:
unionchurchin.org

UC 2018 Summer Camp Registration

Camper Information

CAMPER INFORMATION:

Last Name _____ First _____ Date of Birth __/__/____ Age _____
Address _____ City _____ State ____ Zip _____ Gender: M__ F__
T-shirt Size: Youth S__ M__ L__ Adult S__ M__ L__ XL__ Grade in School-Fall 2018: _____
Home Church: _____

PARENT/GUARDIAN CONTACT INFORMATION:

Father: _____
(Last) (First) (Home Phone) (Cell Phone) (Work Phone)
Mother: _____
(Last) (First) (Home Phone) (Cell Phone) (Work Phone)

EMERGENCY CONTACT INFORMATION in the event parent or guardian cannot be reached:

(Last) (First) (Home Phone) (Cell Phone) (Work Phone)

(Last) (First) (Home Phone) (Cell Phone) (Work Phone)

TRANSPORTATION:

Traveling to Camp on Saturday, July 28th

Parent will be taking camper to camp or will secure his/her own transportation.
Camper will need transportation provided by Union Church.

Traveling from Camp on Monday, July 30th (2nd Grade Only)

Parent will be taking camper to camp or will secure his/her own transportation.
Camper will need transportation provided by Union Church.

Traveling from Camp on Wednesday, August 1st

Parent will be picking camper up from camp or will secure his/her own transportation.
Camper will need transportation provided by Union Church.

CABIN REQUEST:

List the name of one friend you would like to room with during camp: _____

NAME OF PERSONS TO WHOM WE MAY RELEASE YOUR CAMPER

Michigan state regulations require the name of person(s) to whom we may release your camper. In the event you as the parent or guardian are unable to pick up your child, we, as the camp administrators may release your child to the following individuals in the case of an emergency or change in arranged transportation:

1. _____ 2. _____

REQUIRED FOR EACH CAMPER: (Initial the boxes that apply.)

In the event it is necessary, I hereby give my permission to the staff of Union Church Camp, specifically Camille Kline or the designated health officer, to secure necessary emergency medical or surgical treatment, and to provide routine, non-surgical medical care for the minor camper named on this form while he/she is attending camp.

I release all photos, videos, and audio tapes of my camper to Union Church for promotional purposes such as brochures, videos, web pages, etc.

I hereby give my permission to the camp health officer to administer “over the counter” medications (Ex: Tylenol, Advil, Upset Stomach Relievers, Cough Suppressants, etc.). We highly recommend sending specific over-the-counter medications if your camper can only have a specific brand due to allergies or medications that your camper takes regularly, such as vitamins. Otherwise, we will maintain a supply of commonly used over-the-counter medications for first aid treatment.

I certify that this information is true to the best of my knowledge.

Parent or Legal Guardian Signature: _____

Date: _____



2018 Camper Medical Info

FAMILY INSURANCE INFORMATION:

Member's Name: _____ ID/Policy #: _____

Insurance Company Name: _____

Our Family Doctor is: _____ Phone: _____

LIST OF MEDICATIONS BROUGHT TO CAMP:
(Please list any medication that you will be taking while at camp.)

Name of med	dose	Reason	When taken
Example: Accolate	1 pill, 2 times a day	Asthma	Breakfast, Dinner

All medicine must be in their original containers.
All prescription medicine must be in the camper's name.

health history: (Please check if applicable)

- | | |
|--|--|
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Asthma/Wheezing |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Headaches-mild | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Emotional Disorders |
| <input type="checkbox"/> Speech Impediments | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Trouble Passing Urine | <input type="checkbox"/> Menstrual Problems |
| <input type="checkbox"/> Eczema/Skin Rashes | <input type="checkbox"/> Other: _____ |

Allergies: (Please check if applicable)

- | |
|---|
| <input type="checkbox"/> Bee Stings |
| <input type="checkbox"/> Poison Ivy (severe reaction) |
| <input type="checkbox"/> Seasonal Hay Fever |
| <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Animal (please list) _____ |
| <input type="checkbox"/> Food (please list) _____ |
| <input type="checkbox"/> Other: _____ |

Please list any Current Infectious Diseases: _____

Please list any other Potential Health Problems or Restricted Activities: _____

IMMUNIZATION HISTORY:

Are all immunizations up to date according to your state requirements: Yes No

Date of last Tetanus Booster: _____

Please return this form and the camp fee (\$220 for 3rd-7th grades/\$110 for 2nd grade) to:

MAIL: CAMILLE KLINE
UNION CHURCH
3688E 400N.
HUNTINGTON, IN 46750

SCAN and E-MAIL: info@unionchurchin.org
PAYMENT: Can be made at unionchurchin.org (click on online giving logo) or by check

2018 Camp Activities

Middle School

Grade 6, 7, and 8 as of Fall 2018

Name: _____

Grade - Fall 2018: _____ 6th _____ 7th _____ 8th

Please rank your top two choices with 1 being your first pick. (Sunday)

Banana Boat _____

Paintball _____

Archery _____

Low Ropes _____

Please rank your top two choices with 1 being your first pick. (Monday)

Crafts/Duct Tape Art _____

Nine Square _____

Basketball _____

Creative Cooking _____

Volleyball _____

Fishing _____

Please rank your top two choices with 1 being your first pick. (Tuesday)

Banana Boat _____

Paintball _____

High Ropes (8th grade only) _____

Rock Climbing _____

2018 Camp Activities

Elementary School

Grade 2,3, 4, and 5 as of Fall 2018

Name: _____

Grade - Fall 2018: _____ 2nd _____ 3rd _____ 4th _____ 5th

Please rank your top two choices with 1 being your first pick. (Sunday)

Inflatables _____

Nine Square _____

Creative Cooking _____

Fishing _____

Please rank your top two choices with 1 being your first pick. (Monday)

Hiking _____ Nature Center _____

Sidewalk Chalk _____ Inflatables _____

Please rank your top two choices with 1 being your first pick. (Tuesday)

Basketball _____

Crafts _____

Fishing _____

Nine Square _____