

# CAMP CHI RHO 2021

Arrival June 27<sup>th</sup> 3-5pm

Departure July 2nd 4-5pm

Camp Fee- \$175

Registrations and payment must be turned in by June 5<sup>th</sup>. Any registrations or payments received after June 5<sup>th</sup> will be charged a \$25 late fee.

## • Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date:

Grade Completed:

Gender:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Is camper in good physical condition? Yes No

Does camper have any activity restrictions? Yes No

Does camper have any swimming restrictions? Yes No

Any existing health conditions:

Diabetic

Seizure Disorder

Bed Wetting

Sleep Walking

Ear Infections

Nosebleeds

Asthma

Other: \_\_\_\_\_

Does your camper have any allergies (including food allergies)? Yes No

Please specify: \_\_\_\_\_

Is your camper on medication on a regular basis? Yes No

Do we have permission to give your camper over the counter medications? Yes No

Date of last tetanus shot: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Dentist: \_\_\_\_\_

Insurance Provider:

Policy Holder: \_\_\_\_\_ Policy#: \_\_\_\_\_

Group: \_\_\_\_\_ Plan: \_\_\_\_\_

Address: \_\_\_\_\_

Address (line 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# Parent/Guardian Information

Mother's First Name: \_\_\_\_\_ Mother's Last Name: \_\_\_\_\_

Home Phone Number – Mother: \_\_\_\_\_

Cell Phone Number – Mother: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_

Home Phone Number – Father: \_\_\_\_\_

Cell Phone Number – Father: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size:

Parent Signature: \_\_\_\_\_

The following forms should be printed and turned in at Camp Check-In:

Medicine Form (if applicable)  
YMCA Camp Release of Liability Waiver

***Payment can be made online with this form or by check delivered to Redeemer Lutheran Church, attn: Camp Chi Rho. To Pay Offline, please change the "Payment Option" below.***

Redeemer Lutheran Church  
Attn: Camp Chi Rho  
2852 S. Dayton Ave.  
Springfield, MO 65807

I know of no mental or physical condition other than those disclosed above, that may affect my camper's ability to safely participate in camp activities. I authorize a representative of Redeemer Lutheran Church to attend to any health problems or injury my camper may incur while at camp. I hereby release and hold harmless Redeemer Lutheran Church, its employees, and the volunteer staff from any and all liability that may arise out of my camper's participation at camp. I also understand that I am responsible for any medical expenses that may be incurred. I understand that photo's and/or video's of campers may be taken and post, but no camper will be named. If you do not want your camper's image to ever be posted please notify Garry Moss at the church office in writing concerning this topic.