



Aldersgate Camp

2020 Camper Registration Form

A minimum \$60 deposit must accompany all registrations.

Save time register online at www.Aldersgatecamp.org

Family Information					
Camper Full Name			Camper Address		
Parent/Legal Guardian 1		Parent/Legal Guardian 2		Street	
Last Name		Last Name		City	
First Name		First Name		State	
Home Phone		Home Phone		Zip	
Work Phone		Work Phone		Parent 2 Address (if different)	
Cell Phone		Cell Phone		Street	
E-mail		E-mail		City	
Emergency Contact Information (will be used if parents cannot be contacted)				State	
Emergency Contact 1		Emergency Contact 2		Zip	
Full Name		Full Name		Parental Status (Circle One)	
Relationship		Relationship		Married Divorced Single	
Home Phone		Home Phone			
Work Phone		Work Phone			
Cell Phone		Cell Phone			
Church Information					
Church Name			Minister's Name		
Church Address			City, State, Zip		
Please Note: If the church is paying for all or part of the camper's fee you, please have a church official fill out the information below OR write in the church authorization code from your church. This section must be completed including a church representative signature or authorization code. If left incomplete the parent/guardian will be responsible for full payment. Any unauthorized users will be billed.					
Church Payment Authorization					
Amount OR Percentage Church is Paying:					
Signature of Minister or Church Officer:					
Camper Information					
Likes to be called		Date of Birth			
Gender (Circle One)	Male Female	Grade entering this fall			
		Camper E-mail			
Shirt Size (circle one)	Youth: S M L Adult: S M L XL XXL XXXL	Health Insurance Carrier			
Health Insurance Policy #	Primary Insured Name				
Camp Session Registration Section					
First Choice Camp Session			Second Choice Camp Session		
Specific Camp Dates		Specific Camp Dates			
Title of Camp		Title of Camp			
Number of years camper has attend Aldersgate summer camp(Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 More? _____					
Cabin Mate Request					
1 st Choice			2 nd Choice		
Reservations will be confirmed only upon receipt of registration form and payment.					

Camper Full Name:			
Camper Health History			
Camper's Doctor		Doctor's Phone	
Camper's Dentist		Dentist's Phone	

Camper's height _____ Camper's weight _____

1. Is camper on any medications? Yes ___ No ___ If yes, please list medicines and their purpose: _____

All medications brought to camp are handled by the Camp Health Care Provider.

2. Give a description of any current conditions requiring medication, treatment, or restrictions or considerations while at camp:

3. Does the camper have any behavior concerns we should know about?

4. Give a record of past medical treatment:

5. List a record of the camper's immunizations, including date of last tetanus shot:

6. Please circle allergies camper has: None Bee Sting Food Penicillin Seasonal Sulfa Drug Other Please List:

7. Provide a record of any dietary restrictions or needs the camper may possess:

8. Are there any camp activities that the camper should not participate in due to physical/psychological reasons?

9. Is the camper generally in good health and able to participate in all normal camp activities? Yes ___ No ___

Most Recent Physical Examination date ____/____/____
 Month Day Year

For Girls Only: Has female camper menstruated? Yes ___ No ___ If Not has she been told about menstruation? Yes ___ No ___

Is there anything else you can think of that would help the staff make this camping experience a better one for both your camper and for other campers?

If there are changes or additions to the information listed above please inform the camp health care provider when you arrive.

Camper Full Name:

Camper Pickup Authorization

I give consent for the person/persons listed below to be the only person/persons to transport my child from Aldersgate Camp. The camp staff should **NOT** allow my child to leave the premises with anyone other than those named below.

Who WILL BE Picking up your child? – Photo ID will be required! – List church van, if they are providing transportation

Parent/Guardian #1		Parent/Guardian #2	
Other designated Person		Other Designated Person	

List anyone who is NOT allowed to pick up your child

Person # 1		Person # 2	
------------	--	------------	--

Release Authorization

In signing this application, I certify that all information provided to Aldersgate Camp & Retreat Center is correct. I certify that my child is in good physical health and I give permission and consent for my child to participate in any and all camp activities.

I understand that my child may be transported in a camp vehicle. This completed form may be copied for off-site travel.

I understand that children at camp can become ill or have an injury and need medical attention. I give permission to the camp Health Care Provider to give over the counter medication (such as Tylenol, etc.) to my child as proper treatment as deemed necessary for minor ailments

In case of medical emergency. I give permission for the release of medical records for insurance purposes. I give permission to the physician, nurse, hospital, etc. selected by the Camp Director (or his representative) to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I agree to submit my insurance claims to my insurance carrier first and will only use camp's insurance plan as a secondary insurance.

I understand that the nature of outdoor camping ministries includes some risk of injury or death and that children at camp can injure themselves without fault on the part of camp personnel. I release Aldersgate Camp & Retreat Center, the Kentucky Annual Conference of the United Methodist Church and their representatives from responsibility for injury to my child.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

I understand that Aldersgate Camp can and may take, copyright, utilize, and/or publish in either print or electronic form, without payment or any other consideration, photographs and video that contain myself and/or my child for any lawful purpose, including publicity, illustration, and advertising. No personal information will be distributed.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

I agree to cooperate with the program and policies of Aldersgate Camp and the Kentucky Annual Conference of the UMC.

Camper's Signature: _____ **Date:** _____

Advanced Donations, and camper fees

Donation	\$ _____				
Camp Registration Fee or Deposit	\$ _____	Choose Your Tier (circle one)	1	2	3
Total Fees	\$ _____	A minimum \$60 deposit is required with all registrations.			
Credit Card Payment Information	We accept Visa and MasterCard.				
Amount to charge					
Cardholder's Name		Credit Card Type			
Cardholder's address		Card Number			
Expiration Date	____/____	CVVS Number			
Authorization Signature		Date			

Mail To: Aldersgate Camp
125 Aldersgate Camp Rd.
Ravenna, KY 40472

Contact: Phone: 606-723-5078 **Website:** www.aldersgatecamp.org
Fax: 606-723-1132
E-mail: office@aldersgatecamp.org