

HRCYC YOUTH CAMPER REGISTRATION FORM

Camper Information - Please Print

Full Name: _____ Email: _____

Name as it should appear on your nametag at Camp (no last name): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): (home, cell) _____

Date of Birth (month, day, year): _____

T-Shirt Size: _____ Past Camper? Yes No If yes, when? _____

Active in Church/Sunday School/Youth Group? Yes No How long? _____

Parents' Information - please print

Parent's Name(s): _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell: (_____) _____

Name of secondary person (not from same household) to contact in case of emergency:

_____ Relation: _____

Phone: (_____) _____ Cell: (_____) _____

Pastor's Recommendation - If Available - Please Print

Name & Location of Church: _____

Is/Was Camper a member of your Church's Youth Group/Sunday School? Yes No

I know and recommend the above named Youth as a Camper to the HRC Youth Camp.

Pastor's Signature: _____ Date: _____

Is the Camper a member of either or both of our supporting fraternal organizations? Y N

If yes, which? GBU William Penn

PARENTS: By signing, I understand that, if needed, I may be called upon to pick up my child for health or disciplinary reasons. I also grant permission for my child to travel for & participate in all Camp activities.

Camper's Signature _____ Date: _____

Parent's Signature: _____ Date: _____

j Please return the COMPLETED forms with the Registration Fee by JUNE 1st j

HRCYC YOUTH CAMPER HEALTH FORM

This form MUST be completely filled out, signed by a parent/guardian and returned with Registration Form by JUNE 1st!

1. Has Camper been treated for any health problems in the past two years? Yes No

If yes, please explain. _____

2. Does Camper currently have any known health problems? Yes No

If yes, please explain. _____

3. Is Camper currently on any medications? Yes No

If so, what? _____

4. Are there any known allergies? Yes No If so, what? Food () Insect bites ()
Poison Ivy () Penicillin () Medications () Hay Fever () Other () Please be specific.

If allergic to insect bites, please bring appropriate sting kit.

5. Does Camper have any restrictions to diet or activities? (ie. Diabetic, vegetarian, asthma, etc.)

Yes No Please explain. _____

If dietary restrictions exist, please fill out & attach the Medical Diet Request Form.

6. When did Camper last have a tetanus shot? _____

**If medication is brought to Camp, the Camper must inform the
Camp Nurse and/or Camp Directors and his/her Counselor.**

Health Insurance Carrier: _____ Group #: _____

Name of Parent covered by above carrier (please print) _____

If possible, please attach a copy of your insurance card.

In the event of any emergency, I hereby give permission to the physician and/or hospital selected to examine and treat my child. I also accept responsibility of costs incurred in the event of such emergency.

Signature of Parent/Guardian: _____ Date: _____

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Language: Magyar a legerősseb nyelvem: _____ English is my strongest language: _____

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WORKSHOPS

Indicate your choice of evening workshop. You may number them in order of preference if you wish.

Sewing _____ Safety & Marksmanship _____

Pickleball _____ Hungarian Cooking _____ Hungarian Embroidery

All workshops will be available according to interest shown. Others may be added. Subject to change.

POLICIES

Parents & Campers, please read these policies carefully together and initial each to indicate your understanding and agreement.

Parent's Initials

Camper's Initials

We reserve the right to search the private belongings of Campers if the general welfare of the Camp demands it.

These reasons include, but are not limited to:

- (1) if the Camper is suspected of having illegal drugs, alcohol, or other contraband;
(2) if the Camper is suspected of stealing; and/or
(3) if the Camper is suspected of having inappropriate material.
Camper will be present during the search.

Cell phones may be brought to Camp, but are **not** to be used for playing games, texting with friends at home, or accessing social media.

Usage is limited to times when we are not in organized activities or learning sessions.

When a Camper is found to be using their phone in an improper manner and/or at an inappropriate time, Camper will have their phone confiscated for the rest of the day.

Parents will be notified if their child's phone has been taken away and given an alternate number (Counselor's cell) where they can maintain contact with their child. The confiscated phone will be turned off, placed in an envelope with the Camper's name on it & placed into a locked container in a climate- controlled area until the end of the day. It will be returned before Lights Out.

Counselors will never deny a Camper communication with their parent(s).

Parents, please refer to the Daily Schedule to determine the best times to talk/text/facetime, etc. with your child.