



# Camp Little Light Camper Registration Form

Both pages of this form MUST be filled out completely. Make sure all information is legible, complete, and all signatures are present. One form per camper please. Please attach photocopy of front and back of health insurance card to this form. Spots are limited and are given on a first come, first served basis.

Week of Camp wanting to attend: \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Camper Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Grade \_\_\_\_\_

Camper is living with: Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Mothers/Guardian Name \_\_\_\_\_ Her Cell # \_\_\_\_\_

Fathers/Guardian Name \_\_\_\_\_ His Cell # \_\_\_\_\_

Can we text you that your child is accepted? Yes/No \_\_\_\_\_ Phone Number to text \_\_\_\_\_

Home Church + City & State \_\_\_\_\_

Is camper covered by family medical/hospital insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, indicate carrier of plan name \_\_\_\_\_ Plan ID# \_\_\_\_\_

**In case of emergency contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Emergency Phone #** \_\_\_\_\_ **Alternate Phone #** \_\_\_\_\_

## •ALLERGIES

Food allergies \_\_\_\_\_

Medical allergies \_\_\_\_\_

Other allergies \_\_\_\_\_

**•MEDICATIONS-** Please list ALL medications the child routinely takes (including over-the-counter or non-prescription drugs). ALL medicine brought to camp must be kept in the original packaging with child's name written on it. **ALL medicine must be turned in to Camp First Aid upon arrival.**

\_\_\_\_\_ Camper has brought NO medications of any kind.

\_\_\_\_\_ This camper has brought and takes medications as follows (For 4+ medicines, use the back of this form):

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ What time to take? \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ What time to take? \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ What time to take? \_\_\_\_\_

Reason for taking \_\_\_\_\_

**If Camper takes more than three medications, please write the additional details on a separate sheet of paper & include with this Registration Form.**

\_\_\_\_\_ This camper may take over the counter medicines kept in First Aid, if needed. Check all permissible:

\_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_ Ibuprofen (Advil) \_\_\_\_\_ Benadryl \_\_\_\_\_ Tums

\_\_\_\_\_ This camper may **NOT** take any over the counter medicine kept in First Aid **Note to Parent/Guardian:**

**Be prepared to answer a Camp a text/call for approval or guidance if your camper needs or requests medicine!**

•**RESTRICTIONS:** Please list any restrictions to activity or diet for this camper: \_\_\_\_\_

Please provide any additional information about camper's behavior and physical, emotional, or mental health we should be aware of \_\_\_\_\_

**Child will be checked out ONLY by the following people (person must have ID when checking out this child):**

Person #1 \_\_\_\_\_ Relationship \_\_\_\_\_  
Person #2 \_\_\_\_\_ Relationship \_\_\_\_\_  
Person #3 \_\_\_\_\_ Relationship \_\_\_\_\_

**Release Statement - Parent/Guardian Authorization & Liability Release:**

The child described has permission to engage in all camp activities. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Camp Little Light to arrange necessary transportation for this child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, and to order injections, anesthesia, or surgery for this child. I hereby release and discharge Camp Little Light, its officers, directors, and employees from any claims, causes of action, cost, obligations, or financial responsibility resulting from or arising out of any incident, injury or accident occurring while this child is attending Camp Little Light.

**Print Camper Name** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Print Parent/Guardian Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Equine Release**

Under GA law an equine activity sponsor or equine professional is not responsible for injury or death of participant in equine activities resulting from the inherent risks of equine activities pursuant to Chapter 12 of the Title 44 of the Official Code of Georgia Annotated.

Signature of Parent/Guardian \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release**

I give Camp Little Light permission for any photos or videos taken of myself/my child for the duration of the stay, to be used at Camp Little Light's discretion in any of their promotional venues.

Signature of Parent/Guardian \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

**Camper Agreement**

I have carefully read the Camp Information, and I agree to comply in all areas. I understand that violation of these areas may result in my dismissal from camp.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

**Campers are ONLY registered when registration fee is received.**

**Please send \$40.00 (per camper) registration fee by to:**

**Camp Little Light, Camper Registration, 227 Little Light Drive, Royston, GA 30662**

**Questions? Contact Mrs. Darlene Stratton at 706-296-1898**