

Registration for Fall Festival at Camp Tannadoonah (2008)



Camper's name: _____ Grade: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email Address: _____ Alt. Phone: _____

Custodial Parent/Guardian: _____

Bunk Mate Request: _____

Both Nights (\$75): _____ Friday, Sept. 26th (\$50): _____ Saturday, Sept. 27th (\$50): _____



Names of two individuals who may be contacted in case of an emergency, and who have your permission to provide transportation for your child:

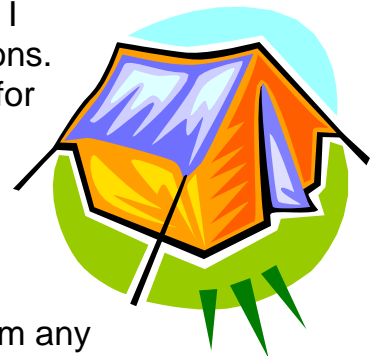
1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Please make checks payable to Camp Fire USA and mail with registration and completed health form to: **Camp Fire USA, 2828 East Jefferson Blvd, South Bend, IN 46615.**

I give my child permission to attend camp and participate in all activities. I have read the camp information and agree to cooperate with all regulations. You have my permission to use photographs in which my child appears for Camp Fire USA and Camp Tannadoonah publicity.

Yes _____ No _____



I release the Camp Fire USA River Bend Council, Inc., Camp Tannadoonah, their leaders, employees, volunteers, and counselors, from any liability from any accident that may occur while my child is participating in any camp program.

Parent/Guardian Signature: _____ Date: _____

Health Form for Fall Festival at Camp Tannadoonah (2008)

Camper's Name: _____ Date of Birth: _____

Primary Physician: _____ Phone Number: _____

Name and policy number for medical insurance: _____

Date of last tetanus shot / booster: _____

To assist the camp staff in case of need, please indicate if your child is subject to any of the problems listed below:

Any known allergies:

Food: _____ Medications: _____

Plants: _____ Animals: _____

Insects: _____ Other: _____

Please explain reaction and medication to be given: _____

Please indicate if camper is prone to any of the following conditions:

Asthma _____ Hyperactivity _____ High Blood Pressure _____ Epilepsy _____

Diabetes _____ Ear problems _____ Heart problems _____ Fainting _____

Convulsions _____ Other _____

List any activities that should be avoided: _____

Medications your child is taking currently and dosage: _____



ALL medications are to be given to the camp nurse at check in. The camper must remain at home if receiving medication for a communicable disease.



I certify that my child is in good health and can participate in all normal camp activities. I understand that reasonable measures will be taken to safeguard the health and safety of my child, and I will be notified as soon as possible in case of an emergency. In the event of sickness or injury, I give my permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the child named above. This completed form may be photocopied in the event of any trips out of camp.

Signature of parent or guardian (or adult camper / staff member):

_____ Date: _____