

# 2014 WALK-ON REGISTRATION

Important Policy Information: All information must be filled out, accurately, in full with signed/dated Red Culture Camp Code of Conduct & Legal Guardian Authorization form attached. If an item does not apply to you please write "NA". Your church must be aware you are attending camp and the pastor must sign the form prior to arrival at camp. Family discounts are not available for walk-ons. Do not alter form. Faxed forms will not be accepted.

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade (Fall 2014): \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Church Name: \_\_\_\_\_ City: \_\_\_\_\_

**Pastor's Signature:** \_\_\_\_\_

## Mark What Camp You Are Attending

Child must meet age requirements to attend camp(s)

Youth Camp #1 with Jr./Sr. High Split Track

(See Brochure for details)

\_\_\_\_\_ Jr. High Track June 9 - 13

(Grades 6 - 9)

\_\_\_\_\_ Senior High Track June 9 - 13

(Grades 9 - 2014 Grads.)

Youth Camp #2 with Jr./Sr. High Split Track

(See Brochure for details)

\_\_\_\_\_ Jr. High Track June 16 - 20

(Grades 6 - 9)

\_\_\_\_\_ Senior High Track June 16 - 20

(Grades 9 - 2014 Grads.)

\_\_\_\_\_ Youth Camp #3 - June 23 -27

(Grades 6 - 2013 Grads.)

\_\_\_\_\_ Kids Camp #1 - July 7 - 11

(Grades 4 - 6)

\_\_\_\_\_ Kids Camp #2 - July 14 -18

(Grades 4 - 6)

## Payment

Walk on Rate \$200

(Make checks payable to your local church)

For IMN Office Use Only: WALK-ON

Check Amount: \_\_\_\_\_

Check # \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

# Legal Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cell #: (\_\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Cell #: (\_\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_  
Who, besides yourself, is approved to pick-up your child from camp in cases of an appointment, emergency, and/or illness?: (Please give the individuals first and last name, along with their relationship to the child.) \_\_\_\_\_  
\_\_\_\_\_

## Medical Information

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Subscriber's Place of Employment: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Subscriber's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
  
Y or N  
\_\_\_\_ Restricted Activities? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Known to be a carrier of any contagious or infectious disease? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Known behavioral or psychological problems or disorders? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Any known problems with lice in the last six months? If yes, please explain: \_\_\_\_\_  
\_\_\_\_ Other health information we should know: \_\_\_\_\_  
\_\_\_\_\_

History of: (Check all that apply.)  
\_\_\_\_ Seizures      \_\_\_\_ Heart Trouble      \_\_\_\_ Diabetes      \_\_\_\_ Kidney      \_\_\_\_ Digestive Issues      \_\_\_\_ Bleeding  
\_\_\_\_ Surgeries      \_\_\_\_ Menstrual Problems      \_\_\_\_ Sleepwalking      \_\_\_\_ Bed wetting      \_\_\_\_ Headaches      \_\_\_\_ Lung/Breath Problems  
Allergies: (Check all that apply.)  
\_\_\_\_ Hay Fever      \_\_\_\_ Asthma      \_\_\_\_ Bee Stings      \_\_\_\_ Plants      \_\_\_\_ Food(s)      \_\_\_\_ Medications  
Explanation for checked items: \_\_\_\_\_  
\_\_\_\_\_

All medication (including all over the counter medications) is required to be turned into the camp First Aid Personnel upon arrival at camp. The Camp First Aid Personnel will be responsible for dispensing all medications. Prescriptions and over the counter medications are required to be in their original prescription bottle or container with the dosage and instructions still intact. Please place all prescriptions and medications in a ziploc baggy with the campers name, the church name and the city.

Current Medications: (List all medications to be administered at camp): \_\_\_\_\_  
\_\_\_\_\_

(All the information above is required and must be completed in full. If your child is not insured please write "N/A" in the "insurance company" blank.)

In order for registration to be complete, Red Culture Camp Code of Conduct and Legal Guardian Authorization must be signed and dated and attached to registration form.