

Sacramento

A Camp & Conference Ministry of The United Methodist Church

2012 Camp Sunshine Registration Form

Mail to:

Sacramento Registrar

PO Box 8

Sacramento, NM 88347

Phone: 800-667-3414 Fax: 575-687-4219

E-Mail: info@sacramentoassembly.org Website: www.sacramentoassembly.org



For Office use only	
CC# _____	Exp _____
Check# _____	\$ _____ \$ _____
Amount This camper	
Check/CC From: _____	

CC# _____	Exp _____
Check# _____	\$ _____ \$ _____
Amount This camper	
Check/CC From: _____	

Date entered in CB _____ by _____	

Camp Sunshine - Age 16 thru Adult (August 6-10) Camper Registration Fee \$245.00 (form & fee due by July 9, 2012)

Campers need to be ambulatory and able to care for themselves with a minimum of assistance. The camp is staffed by college students and adults from many walks of life. Staffing is also by agencies that send campers. Camp Sunshine will have an R.N. on staff. Fill out **ALL** registration and health forms with a copy of any health cards. Please bring all medication in it original container to camp. Medication will be administered by camp nurse.

The Theme for camp this year is

Focus:

Treasures in Heaven

Pirates!

Scripture:

Matthew 6:19-21

Camper Name: _____
Last Name Middle Initial First Name Nickname

Physical Address: _____
Street or Box Number City State Zip

Home Phone Number: (____) _____ Camper email: _____

Gender: *Male Female* Age: _____ Birthday: _____ Church (if attends) : _____

Custodial Parent/Guardian: _____ Emergency Contact: _____

Address: _____ Home/Cell #: _____

Work #: _____

Home/Cell #: _____ Addl. Emergency Contact: _____

Work Number: _____ Home/Cell #: _____

E-Mail: _____ Work #: _____

Camper Resides at (check one) : Home Foster Home Group Home Other(_____) Explain other

Agency Name (if applicable) : _____

Address _____ Phone # _____

Who will pick up camper **from Sacramento** to take home after camp? _____

Camp Activities at **Sacramento** may include but are not limited to: activities in a mountain setting, sports, water games, group games and use of recreation equipment. I do hereby assume all risk of the above and any other ordinary risk incidental to the camp setting and will hold the NM Annual Conference, Sacramento and their Trustees, employees and agents harmless from any and all liability. I hereby grant permission to Sacramento to use photos of the above named camper, taken during activities at camp, for publicity purposes, in advertising materials, or on the camp's web site. My signature also indicates that I have read Sacramento's **Technology Acceptable Use Policy** and that the camper will abide by the provisions included in the policy. The **Technology Acceptable Use Policy** can be found at <http://www.sacramentoassembly.org/#/happenings/summer> or call Sacramento for a copy.

Parent/Guardian's Signature _____

Don't forget to include your **registration form, fee & medical forms**

If interested in donating a Scholarship for another camper, contact Sacramento at 800-667-3414



Camp Sunshine Medical History

This section is to be completed by a physician or by a parent/guardian if physician is not available.

The following information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to the camp nurse upon participant's arrival to camp.

Camper Name: _____ Date: _____

Height: _____ Weight: _____

MEDICAL HISTORY AND RESTRICTIONS WHILE AT CAMP

This section must be filled out and returned with the registration form.

Medical Syndrome or entity causing retardation: _____

Date of last Tetanus Shot: _____

Does camper have any diet restrictions? ___ Yes ___ No Explain _____

Does camper medical conditions? (i.e. Asthma, Diabetic) ___ Yes ___ No Explain _____

Does camper have any allergies? (Food, Medications, etc) ___ Yes ___ No Explain _____

Is camper hyperactive? ___ Yes ___ No Explain _____

Does the camper have seizures? ___ Yes ___ No How often _____
Most recent _____

Does camper manage seizure with medication? ___ Yes ___ No Explain _____

Restrictions on Strenuous activity? ___ Yes ___ No Explain _____

Is camper able to dress self? ___ Yes ___ No Explain _____

Is camper able to talk? ___ Yes ___ No Explain _____

Is camper able to walk well? ___ Yes ___ No Explain _____

Is camper able to read? ___ Yes ___ No Explain _____

Does camper wet the bed? ___ Yes ___ No Explain _____

Does camper have incontinence problems? ___ Yes ___ No Explain _____

Does camper wear protective garments? (i.e. Depends) ___ Yes ___ No Explain _____

Other: _____

Insurance Provider (Company) : _____

(PLEASE ATTACH A COPY OF YOUR INSURANCE CARD)

Doctor's Name: _____ Emergency #: _____

To the Best of My Knowledge _____ is in good health and is able to participate in all camp activities with the limitations listed above. In the event of an emergency and I am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency facility. **I understand that should the medical history change, it is my responsibility to let the camp director know at camp registration.**

Parent/Guardian Signature _____ Date _____

