

# RUBIES CAMP REGISTRATION FORM

Please include the following for registration (one child per form):

Name: \_\_\_\_\_ MI \_\_\_\_\_ Age:(On 1st day of camp) \_\_\_\_\_ Birth Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Parent's/ Guardian's name: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone:(\_\_\_\_\_) \_\_\_\_\_ Other phone:(\_\_\_\_\_) \_\_\_\_\_ Congregation: \_\_\_\_\_

Non-Parent Emergency contact: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency contact's home phone:(\_\_\_\_\_) \_\_\_\_\_ Other phone:(\_\_\_\_\_) \_\_\_\_\_

Acceptance letters will be sent within 3 weeks after receiving your application. How may we send it to you? E-Mail \_\_\_ Snail Mail \_\_\_

## HEALTH INFORMATION

Operations or serious injuries (dates): \_\_\_\_\_

Disability or chronic or recurring illness: \_\_\_\_\_

Physical, emotional or mental handicaps: \_\_\_\_\_

Activities encouraged or limited by physician: \_\_\_\_\_

Dietary modifications: \_\_\_\_\_

Current medication (send with instructions): \_\_\_\_\_

Other diseases or details of above: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Suggestions on health related information for camp personnel: \_\_\_\_\_

May we call you after 10:00pm if your child is homesick? Yes \_\_\_ No \_\_\_

## HEALTH HISTORY (Check all that apply and give approximate date)

Frequent Ear Infections \_\_\_\_\_ Heart Defect/ Disease \_\_\_\_\_ Seizures \_\_\_\_\_

Diabetes \_\_\_\_\_ Bleeding/Clotting Disorders \_\_\_\_\_ Hypertension \_\_\_\_\_

Mononucleosis \_\_\_\_\_ Psychiatric Treatment \_\_\_\_\_ Recent Head Lice Infestation \_\_\_\_\_

Frequent Sore Throat \_\_\_\_\_ Stomach Upsets \_\_\_\_\_ Bed Wetting \_\_\_\_\_

Sleepwalking \_\_\_\_\_ Menstrual Problems \_\_\_\_\_

## DISEASES:

Chicken Pox: \_\_\_\_\_ Measles: \_\_\_\_\_ German Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_

## ALLERGIES (date not needed):

Hay fever: \_\_\_\_\_ Ivy Poisoning, etc. \_\_\_\_\_

Insect Stings (how severe): \_\_\_\_\_ Asthma: \_\_\_\_\_ Penicillin: \_\_\_\_\_

Other Drugs: \_\_\_\_\_ Other (specify): \_\_\_\_\_

My child has had a tetanus shot within the last ten years. ( yes or no )

If not, I am aware of the risks and am responsible for costs if necessary to get a shot during camp.

This health history is correct so far as we (I) know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for treatment: In the event we (I) cannot be reached in an emergency, we (I) hereby give permission to the medical personnel selected by Keystone Camp

personnel to secure and administer treatment including X-rays, routine tests, hospitalization, and necessary related transportation for my child. We (I) hereby release and

covenant with **Promised Land Camp** and **Keystone Mennonite Fellowship** that we(I) will never, individually or as legal guardians of said individuals, institute any

action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of, camping and other related activities sponsored

by **Promised Land Camp** and **Keystone Mennonite Fellowship**, its successors and legal representatives.

\*Campers are required to dress modestly in all camp activities. We ask that all campers wear dresses or skirts and blouses with sleeves. Skirts need to be of sufficient length to cover the knees at all times. For select activities only, skorts may be worn or pants/knee length shorts (under the dress or skirt). No jewelry or clothing with pictures/writing. If appropriate clothing is not brought to camp, you will be asked to pick up your child or bring acceptable clothing for them. Promised Land Camp has a no bikini swimming suit and a no barefoot policy.

Signature of parents or guardian: Father \_\_\_\_\_ Mother \_\_\_\_\_

\_\_\_\_ I have enclosed my \$50 registration fee (non-refundable) with this form; I will pay the balance at camp.

\_\_\_\_ I have enclosed a total of \$205 which includes my \$50 non-refundable registration fee and \$150 for the week of camp.

\_\_\_\_ I have enclosed an additional \$ \_\_\_\_\_ as a donation for the camp.

Roommate preference of **one** person is considered **only when mutually requested**. \_\_\_\_\_

**(If more than one name is listed, none of the names will be considered.)**

## Mini-Classes

**Please mark your first, second, and third choice of class to participate in. We will do our best to give your first choice one day and second choice another day. The third choice is in case the other classes are full.**

\_\_\_\_\_ **Embroidery Wall Art:** Instructor: Teresa Sensenig

\_\_\_\_\_ **Magnetic Board:** Instructor: Janella Sauder

\_\_\_\_\_ **Fabric Pumpkin:** Instructor: Brenda Weaver

\_\_\_\_\_ **Plant Swing:** Instructor: Angie Nolt

\_\_\_\_\_ **Flower Arrangement:** Instructor: Janice Hoover

\_\_\_\_\_ **High Ropes,** Instructor: Promised Land Camp  
Additional **\$10** collected at check in (**you will be notified if you get in this class**)

\_\_\_\_\_ **Horses, Ages 10 and up only!** Instructor: Promised Land Camp  
(includes trail ride, grooming etc.)  
additional **\$10** collected at check in (**you will be notified if you get in this class**)