

Registration

Quick and simple registration available Online: WWW.ALTAMONS.ORG

Camp Alta Mons Camper Registration Form

Camper Information:

Camper's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female / Age (as of camp) _____ / Grade (Fall) _____

Date of Birth ___/___/___ Shirt size (circle): Youth S, Youth M, Adult S, Adult M, Adult L, Adult XL

Will the camper require special assistance? yes no

If so please contact the camp office before sending in this form.

Camper is a member of _____ Church

If UMC, indicate which District: Roanoke Danville Lynchburg Other _____

(Check all that apply) Camper is a Swimmer Non-Swimmer First time Camper Returning Camper

Parent or Guardian Information:

Parent/Guardian Name: _____ Relationship to Camper: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Additional Home: _____ Work: _____ Cell: _____

Parent/Guardian E-mail Address: _____

Camp Session Requested: Please indicate both (1st Choice: _____) (2nd Choice: _____)

Must Check One: Mini Elem Jr High Res Sr High Res Jr/Sr High Adv

Cabin Mate Request: _____ (one same gender friend of similar age, *this is not a guarantee*)

PHOTO PERMISSION: I give permission for photos of camp activities, which may include my child, to be used in camp promotional or newsletter materials without liabilities or numeration.

Parent Signature: _____ **Date:** _____

Payment Information: (please include address associated with the payment, if different from above)

Check: \$ _____ Donation: \$ _____

Visa: MC: Disc: CARD # _____ Exp Date _____ Amt. Charged \$ _____ Donation: \$ _____

Last 3 numbers in signature strip: _____ Address of card: _____

_____ Print Name on Card: _____

SIGNATURE: _____

Campership Assistance: *Please contact the camp office for information about guidelines.*

Is Scholarship Assistance Needed? YES (If so see below) NO

TO BE FILLED OUT BY PASTOR or SOCIAL WORKER BEFORE MAILING TO CAMP OFFICE

Scholarship Approval:

Amount contributed by Church/Agency \$ _____ (at least 1/3 cost of the camp)

Amount Requested from Camp Alta Mons \$ _____

Signature of Pastor/Social Worker: _____

Printed Name: _____ Phone # _____

Name of Church or Agency: _____

Confirmation notices, including outstanding balance, will be sent to the "parent/guardian" unless otherwise noted.

Registration Fee must accompany form to be processed.

Registration Continued

Camper Health Form

Emergency Medical Information

Camper's Social Security Number: _____ - _____ - _____

Who to call if unable to contact **parents/guardians**: _____

Phone (day): _____ Phone (evening): _____ Relationship: _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy # _____

Hospital Preference due to insurance when possible: Mont. Regional Lewis Gale Carilion
 Other: _____

Required Medications:

Yes _____ (list below or write "none" – leave no blank spaces)

Medication Name: _____

(When) _____ (Dosage) _____

Medication Name: _____

(When) _____ (Dosage) _____

Past History:

Last Tetanus Shot Date: ____/____/____ (month and year **required**)

Last Health Exam Date: ____/____/____ (month and year **required**)

Medical History (major past illnesses, surgery or condition w/ general dates): _____

Allergies: _____

Fears: _____

Hobbies: _____

Comments/Other Instructions: _____

MEDICAL RELEASE:

Camp Alta Mons has my permission to provide medical treatment for: (camper's name) _____
in case of medical emergency.

Parent or Guardian Signature: _____

Assumption of Risk and Release

Be aware that you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of Alta Mons activities, on or off its premises. My camper, _____, has permission to participate fully in all camp related activities "by choice", knowing that there are inherent risks in any outdoor adventure program and that the activity is under supervision of cabin counselors and/or specialized program staff. Please list any individual/unit activities in which the camper cannot participate: _____ (write "none" if none, leave no blank spaces). "By choice" means a camper is encouraged and chooses to challenge himself/herself, with camp supervision, at a new or expanded personal level of an activity. Example: Camper chooses to only take pictures of the group fishing rather than actually fishing.

must be signed by parent/guardian and camper

parent/guardian signature

print name

camper signature

print name

Check List: Have you?...

- Read all information
- Completed Health Form
- Enclosed Registration Fee
- Completed Registration Form
- Filled all blank spaces