

Camper Registration

For office use only:

Rec: ___/___/___

Confirmation Sent:

Camp: _____

Payee: _____

Website: WWW.ALTAMONS.ORG

Camper Information:

Camper's Name: _____ Name Camper Prefers: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ / Age (as of camp): _____ / Grade (Fall 2019): _____

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

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

Camper is a member of _____ Church

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

Parent or Guardian Information:

Parent 1/Guardian Name: _____ Relationship to Camper: _____

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

Parent 2/Guardian Name: _____ Relationship to Camper: _____

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

E-mail Address you would like camp to use: _____

How did you hear about Alta Mons? _____

Week Requested: Week 1: June 23-28 | Week 2: June 30—July 5 | Week 3: July 7-12 | Week 4: July 14-19

Please indicate week choices (if applicable) (1st Choice: _____) (2nd Choice: _____)

ex: Week 2

ex: Week 3

Must Check One: Day Camp Mini Camp Elementary Resident Camp Bridge Camp

Junior High Resident Camp Night Owl Camp Tri-Challenge Camp Backpacking Camp

Senior High Resident Camp

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

Payment Information:

Circle Method of Payment: Cash Check Credit Card Amount to be charged to credit card: \$ _____

If paying by credit card, please circle which type: Visa MasterCard Discover American Express

Card Number: _____ Exp. Date _____ 3 digit security code: _____

Name as printed on card: _____ Billing Address of Card: _____

Signature: _____

If Campership Assistance from Alta Mons is needed, please fill out the bottom portion of this form:

Please contact the camp office for information about guidelines.

(Only for assistance directly from Alta Mons)

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

Camper'ship Approval:

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

Amount Requested from Camp Alta Mons \$ _____

Signature of Pastor/Agency Rep/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.

Deposit must accompany form to be processed.

Registration Continued

Camper Health Form

Emergency Medical Information: (all information is REQUIRED unless otherwise noted)

Camper's Social Security Number: _____ - _____ - _____ **(optional but recommended)**

Who to call if unable to contact **parent/guardian**: _____

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

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Hospital Preference due to insurance when possible: Lewis Gale Blacksburg Lewis Gale Salem

Carilion Roanoke

No Preference Other: _____

Medications:

My camper will be taking medication at camp (circle one): Yes No

If yes, please list all of the medications with times and dosage amounts below

Medication Name: _____
(When) _____ (Dosage) _____

Medication Name: _____
(When) _____ (Dosage) _____

General Medical Information:

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

Medical History (major past illnesses, surgery or conditions with general dates): _____

Allergies: _____

Dietary Restrictions: _____

Fears: _____

Hobbies: _____

What do we need to know about your child in order for them to have the best experience possible?: _____

Other Comments or Concerns: _____

Home in the Woods Opt Out: (We strongly believe in the Home in the Woods experience, but we understand that not all children are ready. If you feel this applies to your child, simply check this box.)

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 remuneration.

Parent or Guardian Signature: _____ **Date:** _____

Parent / Guardian Authorizations

I understand that my child will be participating in physical activities and the potential for accidents exists. I understand that Alta Mons has established guidelines to minimize risks to provide a safe environment and that Alta Mons is licensed by Virginia to operate a summer camp, swimming pool, and commercial kitchen. In consideration of acceptance to Alta Mons, I indemnify and hold harmless Alta Mons and its staff from any and all liability, claims, damage, injury, or illness sustained by my child. I hereby give permission to Alta Mons to provide routine healthcare, administer prescribed medications and over-the-counter medications, and seek emergency medical treatment. I agree to the release of any records necessary for emergency purposes. If registering my child into a program that includes transportation off-site, I permit my child to leave the grounds of Alta Mons accompanied by authorized camp personnel in camp approved vehicles. Should it become necessary for my child to return home because of illness, homesickness, behavior reasons, or any other reasons I will accept the camp's decision and arrange for transportation. I agree to read my confirmation packet when it arrives, including the camp rules and behavior policies.

Parent or Guardian Signature: _____ **Date:** _____