

# Summer Camp 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 2020): \_\_\_\_\_

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 (optional; church membership not required to attend camp)

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: \_\_\_\_\_

Check here if you would like a confirmation packet mailed to you. Otherwise, it will be e-mailed to you.

**How did you hear about Alta Mons?** \_\_\_\_\_

**Week Requested:** Week 1: June 21-26 | Week 2: June 28—July 3 | Week 3: July 5-10 | Week 4: July 12-17

Please indicate week choices (if applicable) (1<sup>st</sup> Choice: \_\_\_\_\_) (2<sup>nd</sup> 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  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: \_\_\_\_\_

**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**

Campership 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:** \_\_\_\_\_