



Circle Approved Discount	
Park Ridge Hospital	10%
FAI employee	10%
Summer paid in full	\$1000
Multiple Children	5%

REGISTRATION FORM

Instructions:

Complete and sign separate forms for each child participating in FLAG Camp and return them with the \$35.00* registration fee to the address below. Checks should be made out to the Arden Seventh-day Adventist Church.

Camper's Full Name: _____

Camper's Age: ____ Birth date: __/__/____ Gender: ____ Height: ____ Weight: ____

Grade in school next year: ____ School Attending: _____

Parent / Guardian: _____

Contact Phone Numbers: (It is extremely important that these numbers be neat and ranked starting with the first person you want called first in the case of an emergency)

Name	Relationship	Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

The email address of a parent and if different the person responsible for the account are required.

Parent Name _____ Email _____

Financial Name _____ Email _____

Family Mailing Address: _____

Doctor: _____ Phone: _____

Medical/Hospital insurance _____ Policy or Group # _____

Church Affiliation (if any):

Camper's Name _____

This will help us to plan our summer staffing

ATTENDANCE—CHECK WEEK(S) AND OR CIRCLE DAYS**

- Registration and Open House night (Watch for 2017 date)
- Week 1—June 13-17 M T W TH F
- Week 2—June 20-25 M T W TH F
- Week 3—June 27-July 1 M T W TH F
- Week 4—July 5-8 M T W TH F
- Week 5—July 11-15 M T W TH F
- Week 6—July 18-22 M T W TH F
- Week 7—July 25-29 M T W TH F
- Week 8—August 1-5 M T W TH F

**Dates may change depending on school schedules

HEALTH HISTORY

If your child takes any prescription medications please make sure you sign a Camper Medication instruction and release form.

My camper can use sunscreen: _____ Date of last Tetanus Shot: _____

ALLERGIES: (Check all those that apply)

- Hay Fever Identify: _____ Reaction: _____ Treatment: _____
- Insect Stings Identify: _____ Reaction: _____ Treatment: _____
- _____ Food Identify: _____ Reaction: _____ Treatment: _____
- Meds/drugs Identify: _____ Reaction: _____ Treatment: _____
- Other Identify: _____ Reaction: _____ Treatment: _____
- None

OTHER HEALTH CONDITIONS (Check those that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Sickle cell |
| <input type="checkbox"/> Musculoskeletal disorders | <input type="checkbox"/> Special dietary needs | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Wears glasses or contacts | <input type="checkbox"/> Emotional disturbances | <input type="checkbox"/> Diabetes |

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of the health conditions. Also, indicate any activities to be discouraged or restricted. Attach separate sheet if needed

Camper's Name _____

HOW I HEARD ABOUT FLAG CAMP

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Word of Mouth/Friend | <input type="checkbox"/> WNC Parent Magazine |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Citizen Times Newspaper |
| <input type="checkbox"/> Arden Church Sign | <input type="checkbox"/> Grace Notes Publication |

Other (Please Specify) _____

CONSENT OF PARENT/GUARDIAN

This health history is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my son or daughter should not participate in prescribed activities except as noted. I authorize all medical, diagnostic and hospital procedures which may be performed or prescribed for my child by a licensed physician, when efforts to contact me are unsuccessful and when deemed immediately advisable by the physician to safeguard my child's health.

_____ **Initial**

I understand that my insurance coverage for my child will be used as the primary insurance in the event medical intervention is needed. Coverage by the Arden Seventh-day Adventist Church through its accident policy will be used as secondary insurance.

_____ **Initial**

I have read all of the FLAG Camp registration information. I understand the information and agree to abide by the terms. I give my permission for my son or daughter to attend FLAG Camp and participate in all phases of activities, including supervised trips away from the site or travel to location of the camp. I agree to instruct my child to observe rules and regulations governing the activities. I understand that a statement of good health is required before he or she may attend. I hereby release FLAG Camp International and Arden Seventh-day Adventist Church and all staff members from all liability for any injury sustained by my child apart from negligence on the part of camp or a staff member. I also give permission for my child to be photographed and videotaped, and further agree to allow Arden FLAG Camp to use these pictures for promotional purposes.

_____ **Initial**

I agree to pay at the beginning of each week for the days that my child will be attending, this includes pre-care and post-care. If my check is returned unpaid, I understand that it is subject to redeposit without further notice, and that I may contact the Arden Seventh-day Adventist Church at (828) 684-6700 regarding this transaction. There will be a \$10.00 return check fee charged to my account. I also understand that my account must be kept up to date or my child may not attend FLAG Camp until it is current.

_____ **Initial**

I understand that FLAG Camp operating hours are 8:30 a.m. to 4:30 p.m. The earliest I can drop off my child without pre-care charge is 8:15 a.m. Any earlier and my account will be charged \$3.00 per half hour. I also understand that if my child is not pick-up before 4:45 p.m. there will be an after care fee of \$3.00 per half hour charged to my account. If I am using after-care I must pick up my child by 6:00 p.m. or a late fee of \$1.00 will be added to my account for every 5 minutes I am late. The FLAG Camp administration reserves the right to refuse after-care services if lateness becomes an on-going problem.

_____ **Initial**

I understand that if my child has on-going behavioral problems that are not being resolved, FLAG Camp staff and the Arden Seventh-day Adventist Church reserves the right to suspended or terminate my child from the program.

_____ **Initial**

Authorization

Parent/Legal Guardian: _____ Date: _____
(Signature)

Witness: _____ Date: _____
(Signature)

*\$35 for the first child, \$30 for the second and \$25 for additional children in the family.