CAMP VERTICAL EXTREME 2024

Registration, Field Trip Release, and Emergency Forms

Camper Information

Camper's Name_____ **Grade for September 2024** _____ ☐ **Male** ☐ **Female**

Camper's Name_____ **Grade for September 2024** _____ ☐ **Male** ☐ **Female**

Complete Address_____ **City** _____ **State**_____ **Zip**_____

Parent/Guardian Name(s) _____ **Email:** _____

Dad/Guardian Home Phone_____ **Work Phone** _____ **Cell**_____

Mom/Guardian Home Phone_____ **Work Phone** _____ **Cell**_____

"CAMP VE—25 Years of Fun"

Please mark the weeks your camper(s) will be attending.

Vacation Bible School Week

☐ **May 28-May 31**	***Hello Summer***	☐ **July 1-5***	***Olympics***
☐ **June 3-7***	***Western Week***	☐ **July 8-12**	***The Amazing Race***
☐ **June 10-14**	***Spy Kids***	☐ **July 15-19***	***Survivor***
☐ **June 17-21***	***Under the Sea***	☐ **July 22-26**	***Christmas in July***
☐ **June 24-28**	***Camp VE Goes to Hollywood***	☐ **July 29-August 2***	***Take Me Out to the Ballgame***

☐ **My camper will be FULL TIME (Monday-Friday)**

☐ **My camper will be PART TIME (please check days camper will attend):** ☐ **Monday** ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday**

Enrichment Class and Sports Camp Registration

Camper's Name_____ **Camper's Name**_____ **Camper's Name**_____

Class Title: _____ **Class Title:** _____ **Class Title:** _____

Cost: _____ **Cost:** _____ **Cost:** _____

Payment and Authorized Pick-up Information

Enclosed is a check payable to Camp Vertical Extreme in the amount of $ _____ **Check #:**_____

Visa/MC # _____ **Exp. Date** _____ **Code** _____

A 3% fee will be added if paying with a credit card.

I give permission for my child to take part in all camp activities, including sports and field trips away from, and on the school premises. Providing reasonable care has been taken, I absolve the camp from liability to me or my child because of injury to my child at any camp activity. Camp VE has my permission to use my child's picture in any camp publication, advertisement in the local newspaper, television, website, etc. In the event of an emergency, Camp VE attempts to contact parents first, and then will contact one of the following people **BASED ON THE ORDER IN WHICH THEY ARE LISTED.** The following also have permission to pick up my child. **(Other than parents).**

Name	Relationship	Phone (Cell)	Phone (Work)

☐ My camper (14/15 years old) would like to be a Leader In Training (LIT) ***$15/day + registration fee***

The following **DOES NOT** have permission to pick up my camper(s): _____

Please group my camper with _____

My camper attends the following school: _____

I need _____pick up passes **PICK UP PASS #** _____

Please complete and sign the Medical Form

CAMP VERTICAL EXTREME 2024 MEDICAL FORM

Camper #1 Name _____

Camper #2 Name _____

In the event of an accident or illness to the above listed child(ren), I do hereby authorize Camp VE to secure any necessary medical treatment in the event that I cannot be contacted immediately for notification or shall fail or refuse to remove the child after notification of illness and request for removal of the child, I hereby authorize the camp staff to take appropriate action for removal of the child from the premises. I also hereby agree to be responsible for all costs and expenses connected with examination, diagnosis, removal, or treatment of the child.

Child's Physician _____ **Phone** _____ **Hospital** _____

Insurance Co. _____ **Policy #** _____

My camper can have Acetaminophen ☐ **YES** ☐ **NO**
My camper can have Ibuprofen ☐ **YES** ☐ **NO**
My camper can use sunblock ☐ **YES** ☐ **NO**

REQUIRED

Father's/Guardian's Signature _____ **Date** _____

Mother's/Guardian's Signature _____ **Date** _____

Camper's Health History

(Please indicate Camper #1 or #2)

	Camper #1 YES	Camper #1 NO	Camper #2 YES	Camper #2 NO	*If YES, explain the condition and severity*
Allergies (Drug, Insect, Other)					
Diagnosis of asthma?					
Child wakes during the night coughing?					
Inhaler?					
Needs Epi Pen for bee sting or allergy?					
Birth Defect?					
Developmental Delay?					
Blood Disorder? (Hemophilia, Sickle Cell, Other)					
Diabetes?					
Head Injury/Concussion/Passed Out?					
Seizures?					
Heart Problems? Shortness of Breath?					
Heart Murmur?					
Dizziness or pain with exercise?					
Eye/Vision Problems? (crossed eye, drooping lids, squinting, or other) ☐ Wears glasses ☐ Wears contacts					
Ear/Hearing problems? ☐ Wears hearing aids					
Bone/Joint injury or Scoliosis?					
Difficulties with socialization?					
Special emotional needs?					
Loss of function of one of paired organs (eye/ear/kidney/testicle)?					
Hospitalization? (Date and Reason)					
Surgeries (Dates and Type)					
Serious injury or illness					
TB disease or skin test positive? (past or present)					
Family history of sudden death before age 50?					
Dental ☐ Braces ☐ Bridge ☐ Plate					

Other (concerns, medications):