

REDEEMED RANCH CAMP
502 Woodmill Rd.
Heflin, LA 71039

Phone/Fax (318) 382-0772

General Camper Registration Form

(Please print.)

Date(s)/Week attending camp: _____ Cost _____

Parents/Legal Guardians – Please return this "General Camper Registration Form" and the "Horse Rental Agreement/Waiver" with a non-refundable \$50.00 deposit to the above address 4 weeks prior to camp session.

Balance to be paid upon arrival. Please **keep** - "Camper Information/Items to Bring" sheet along with RRC map for packing.

Camper's Name _____		
LAST	FIRST	M.I.
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth _____	Age _____ Grade in Fall _____
Camper's Street Address: _____ City: _____ ST: _____ Zip: _____		
This camper lives with: <input type="checkbox"/> both parents <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> other: _____		
1. Custodial Parent/Guardian Name: _____ Home Phone # _____ Cell Phone # _____		
Home Address _____		
Employer: _____	Work Address _____	Work Phone# _____
2. Second Parent/Guardian Name: _____ Home Phone # _____ Cell Phone # _____		
Home Address _____		
Employer: _____	Work Address _____	Work Phone# _____

LICE NOTICE: Please be aware that campers will not be allowed to stay at camp if they have lice nits in their hair. If your child has been treated for lice prior to attending camp, please make sure they are nit-free before arriving at camp. This policy will ensure that your camper is not embarrassed at camp.

INSURANCE INFORMATION – Please attach a photocopy of insurance card (front & back).

Is the camper covered by family medical/hospital insurance? Yes No

Insurance Carrier/Plan Name _____ Group # _____ Policy # _____
Name of Policyholder _____ Social Security # _____

Parent/Guardian Authorizations

The information given in these (two page) forms are complete and accurate to the best of my knowledge. I hereby give my permission for my camper to participate in all camp activities.

I hereby give my permission to Redeemed Ranch Camp staff and volunteers to administer prescribed medication, provide health care, and seek emergency medical care. I hereby give my permission to Redeemed Ranch Camp to provide or seek transportation to medical facilities for my camper.

In case of an emergency where I can't be contacted, I hereby give permission to the physician selected by Redeemed Ranch Camp to secure and administer proper treatment, hospitalize, order injections, order anesthesia and/or surgery for my camper.

I hereby give my permission for Redeemed Ranch Camp staff to administer over-the-counter medications to my camper as needed.

I understand that the Redeemed Ranch Camp Director reserves the right to send home a camper whose medical condition becomes unmanageable and/or places the camper or Redeemed Ranch Camp at risk in the Camp environment.

PHOTO RELEASE – I give my permission for REDEEMED RANCH CAMP to use any photos, taken of me, my child or my family at any REDEEMED RANCH CAMP event in their publications. I release my right to any kind of remuneration from said photos.

Authorization Signature (Parent or Guardian) _____ **Phone #** _____

In Emergency, notify (print) _____ **Relationship -** _____ **Phone #** _____

Date - _____

Camper Last Name _____ Camper First Name _____
 Date of Birth ____/____/____

HEALTH HISTORY

Name of Camper's Physician _____ Office Telephone (____) _____
 Name of Camper's Dentist _____ Office Telephone (____) _____
 Name of Camper's Orthodontist _____ Office Telephone (____) _____

ALLERGIES – List all known.

Medication Allergies _____ Reaction and Treatment _____

Food Allergies _____ Reaction and Treatment _____

Other Allergies _____ Reaction and Treatment _____
 inc. plant, _____
 animal, etc. _____

***MEDICATION (Please put ALL medication in a large ziplock bag with each medication marked with dosage and camper's name.)**

Please list ALL prescription medication, over-the-counter and non-prescription drugs taken routinely. Fill in the blanks completely. Bring enough medication to last all week. Empty bottles will be returned to your camper. **ALL DRUGS MUST REMAIN IN THE ORIGINAL CONTAINER. ALL PRESCRIPTION MEDICATIONS MUST BE IN A PHARMACY LABELED CONTAINER WITH THE CAMPER'S NAME ON IT. All medications (prescriptions and over-the-counter) must be turned in at check-in.**

_____ This Camper does NOT take any medications on a regular basis.

_____ This Camper takes routine medication as follows:

Medication 1 _____

Reason _____

Dose taken _____

When taken each day _____

Medication 2 _____

Reason _____

Dose taken _____

When taken each day _____

Medication 3 _____

Reason _____

Dose taken _____

When taken each day _____

Medication 4 _____

Reason _____

Dose taken _____

When taken each day _____

CHRONIC CONCERNS

Check ALL that pertain to your camper and provide information about supportive health care:

_____ This camper has NO long-term health concerns and is capable of full participation in the camp program at Redeemed Ranch Camp.

_____ This camper has the following health concern(s): (Please provide information about supportive health care needed for each checked item.)

_____ Asthma (even if inhaler is only used occasionally) _____

_____ Frequent ear infections _____

_____ Migraine headaches _____

_____ Enuresis (bed-wetting) _____

_____ Depression, ADD, ADHD, Oppositional Behavior Disorder _____

_____ Anorexia, Bulimia (Eating Disorders) _____

_____ Diabetes _____

_____ Any other chronic illness such as Crohn's Disease, Anemias, Seizures, Tourett's, etc. _____

_____ Fainting (for any reason) _____

_____ Sleepwalking _____

Please use this space to list or explain any additional information about which Redeemed Ranch Camp should be aware:

- 1) any restrictions on camp activities 2) the camper's behavior and physical, emotional, or mental health

IMMUNIZATION HISTORY

Has your camper been out of the USA in the last 9 months? ____ Yes ____ No If yes, where? _____

____ Yes ____ No This camper has had chicken pox or varicella vaccination.

____ Yes ____ No This camper has had mononucleosis in the past 12 months.

____ Yes ____ No This camper has a history of illness, injury, surgery of has been hospitalized in the last year that will affect participation in camp activities. If YES, please explain: _____

_____ Date of last Tetanus shot