

Treasure Quest: Camp Tucker



Camper Information:

First Name _____ Last Name _____
 Gender _____ Date of Birth _____ / _____ / _____
 Grade _____ just completed School Attends _____
 Attends Church ___ Never ___ Seldom ___ Monthly ___ Weekly Name of Church _____

Custodial Parent/Guardian Information:

First Name _____ Last Name _____ Relationship to Camper _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ E-mail _____
 Place of Employment _____ Work Phone _____
 Spouse Name _____ Last Name _____ Relationship to Camper _____
 Cell Phone _____ E-mail _____
 Place of Employment _____ Work Phone _____

Emergency Contact Other Than Parent/Guardian:(if unable to reach a person named previously)

First Name _____ Last Name _____ Relationship to Camper _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Session Information: Cost: \$90.00 per camper.

Send full payment for session for which you are applying. Each session can accommodate a total of 40 campers. Sessions will be filled in the order in which we receive completed applications and money. Please make check payable to: **Camp Tucker**.

_____ June 19-23 Boy's Week
 _____ June 26-30 Girl's Week

Friends Who May Attend:

List camper's friends to bunk with if attending the same sessions. Some tips: (1) camper **must** be in the same AGE LEVEL: 8-10; 11-13 (2) groups of more than three are broken up into two or more groups, (3) new and younger campers are given priority, (4) exceptions to any of these procedures are very rare and must be requested in writing in advance.

First Choice _____ Second Choice _____ Third Choice _____

Pick-Up Authorization:

Person picking up camper must show picture ID:

Yes
 No

In addition to custodial parent and emergency contact, camper may be picked up by the following:

No person but _____
 Any person camper is willing to go with.
 Any person listed here: _____

Insurance Information:

Is the camper covered by health/medical/hospital insurance? Policy Number _____
Name of Insured Person _____ Insurance Company _____
Insurance Company Phone _____

Camper Personal Information:

Please be thorough and attach a separate sheet if additional space is needed.

Yes No Camper is current on all (Measles, Mumps, Rubella, Polio, Tetanus, Diphtheria) immunizations
 Yes No Camper may receive over-the-counter medications/treatments for needs that may arise (headaches, nausea, etc.).

Doctor's Name _____ Phone _____
Dentist's Name _____ Phone _____

Describe any on-going illness, allergies or condition (asthma, hyperactivity, diabetes, digestive trouble, etc.) to which camper is subject and/or under a doctor's care. _____

Describe any physical, mental or emotional hindrances to which camper is subject. _____

Give any further information/considerations about the camper that will help us provide a safe and meaningful camp experience. _____

I understand and agree that:

Phone calls and visits to campers and staff are prohibited, except in case of emergency

Camper must abide by camp rules. Discipline ranges from time-out to, in case of serious violation, being separated from other campers until a parent or guardian comes to pick up the camper.

Parent/Guardian is responsible for loss/damage to the camp or the personal property of another resulting from camper's behavior.

Any photographs/videos of the camper, individually or in a group, by or for Camp Tucker while the camper is participating at camp, shall be the absolute property of Camp Tucker for their use. Any claim for damages or compensation for their use is hereby released.

This health and personal history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted by me or my physician. By signing this form, I verify that my camper is the age/grade listed on the front of this form and is registered for the program for his/her age at the time of attending the camp.

Emergency Authorization: In case of emergency, I hereby give permission for medical personnel selected by authorized camp staff to secure proper treatment for my child if he/she is ill or injured, at my expense. Such treatment could include, but is not limited to the following: carry by ambulance, x-rays, injections, hospitalization, anesthesia, and/or surgery. This form may be photocopied for camp use outside of camp. Every effort will be made to contact a parent or guardian before taking emergency action.

Printed Name _____ Signature _____ Date _____