LOCAL CAMPER REGISTRATION FORM

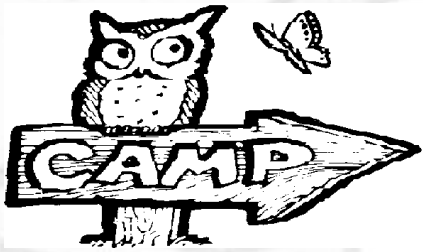
Ages 7 to 13

What you will need: Day camp

- ❑ Clothes you can get dirty
- ❑ Swimsuit (girls one piece please)
- ❑ Towels
- ❑ Sneakers/Tennis Shoes (Sandals and flip flops can be dangerous)
- ❑ Any necessary prescription/ medications
- ❑ **Water Bottle**

What you will NOT need:

- ✸ Jewelry
- ✸ Fireworks
- ✸ Knives
- ✸ Money
- ✸ Phones/MP3/IPods, Etc...
- ✸ Anything you don't want stolen, lost or destroyed



Camp Penuel
P.O. Box 367
Ironton, MO 63650
Camp Phone: (573) 546-3020
Office (573) 546-7159
Pastor Larry 573-366-8063
camppenuel@yahoo.com

CAMP PENUEL

Who are we?

Camp Penuel started in 1973 offering free Christian camping to kids ages 7 to 11.
WE are an interdenominational camp and work with various Churches, Ministries, and Organizations.

Where are we?

Camp Penuel is located on Lake Killarney in Ironton, MO, which is roughly 90 miles south of St. Louis, MO. We also have campuses in Eldred, PA and one in Esparza, Costa Rica.

Why we do what we do?

Our mission is to offer kids, who may not otherwise be able to, attend a free summer camp.

How do we do what we do?

Penuel exists because of charitable donations from individuals, churches and organizations.

What can you expect?

Various recreational activities, swimming, hiking, crafts, and boating to name a few.

What we expect?

Campers to enjoy our activities in a safe environment working cooperatively with counselors, staff and other campers.

Parents cut and keep first two pages ✂

Group Name LOCAL **T-Shirt size**_____

CAMPER REGISTRATION FORM

Please fill out BOTH Sides completely

Please print legibly

Camper's Name:_____
First Middle Initial Last_

Date of Birth:____/_____/_____ Gender: M or F Starting Grade in School_____
M D Y (Circle one) (Ex: 3rd, 4th, etc...)

Address:_____

City:_____ State:_____ Zip:___ _____

Home Phone:_____ Parent/Guardian Cell Phones_____

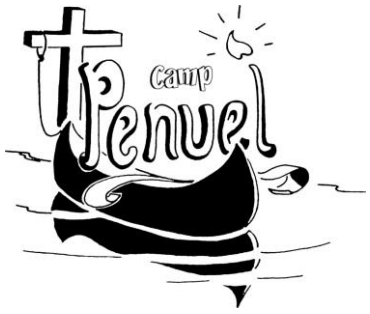
Parent/Guardian of Camper_____
First Last

Relationship to Camper:_____ Phone:_____
(If different from above)

Additional Emergency Contact:_____
First Last

Relationship to Camper_____ Phone Number(s)_____

Has the Camper been to Penuel before?_____ If so, how many times? _____



To be read and signed by Camper

I agree to follow Camp Penuel's rules and guidelines. I also will obey staff members and counselors while at camp, and do my best to get along with other campers.

_____
Camper Signature

_____
Date

Health/Medical Info:

1. Does the camper have any allergies? _____ Yes _____ No
2. Is the camper subject to bed wetting? _____ Yes _____ No
3. Is the camper subject to sleep walking? _____ Yes _____ No
4. Are there any foods the camper should not eat? _____ Yes _____ No
5. Does the camper have asthma? _____ Yes _____ No
6. Does the camper have any allergies? _____ Yes _____ No
7. Does the camper require an epi-pen? _____ Yes _____ No

If any of the above are "Yes", please detail each answer._____

_____

_____

8. Date of last tetanus shot?_____
9. Family Doctor:_____ Phone: _____
10. Insurance policy #_____Group #- Member #_____

Insurance contact # (attach copy of card)_____

11. List medications, if any, your child will have at camp. All medications are kept in the nurse's office and distributed per doctor's orders. (Use back if necessary)

Med:_____ Dosage/Frequency_____

Med:_____ Dosage/Frequency_____

Med:_____ Dosage/Frequency_____

12. During a typical week at camp, it may be necessary to issue first aid and OTC meds. Some are listed below, if there are any specific medications, please list them.

Hydrogen Peroxide	Calamine Lotion	Cough Drops
Mylanta	Pepto-Bismol	Rubbing Alcohol
Eye drops	Tylenol	Excedrin
Vaseline	Aloe Vera	Ammonia Inhalant

Other: _____

(If Child takes meds please fill out the medications form for the nurse)

Parent/Guardian Release:

By signing this form, I am giving permission for the listed camper to attend Camp Penuel. I verify the above information is correct. I waive and release Camp Penuel and its agents from any and all claims, demands, injuries, cost, suits or causes of action, past, present, or future, arising out of or caused by myself or my child while participating in this camp, or should there be an injury traveling to or from camp. I grant permission for Camp Penuel and its agents to administer or arrange for emergency medical treatment in the event of accident, injury, or illness. I also give permission for myself or my child to be pictured or videotaped and my likeness to possibly be used in any of Camp Penuel's promotional materials.

_____ _____

Signature of Parent/Legal Guardian Date

Joy (Douma) Booth, President
Larry Booth, Exec. Director

MEDICAL/MEDICATION INFORMATION FORM

CHILD'S NAME_____

IS THIS CHILD COVERED UNDER INSURANCE?_____

MEDICARE/ INSURANCE COMPANY NAME, GROUP NUMBER _____

AND IDENTIFICATION _____

_____

MEDICAL CONDITION_____

MEDICATIONS/DOSAGE_____

_____

_____

ALLERGIES_____

I GIVE PERMISSION TO THE NURSE / MED TECH AT CAMP PENUEL TO ADMINISTER THE MEDICATIONS LISTED ABOVE TO MY CHILD.

PARENT/GUARDIAN SIGNATURE_____

DATE_____