

Name _____ camper e-mail _____

Parent/Guardian _____ Date: _____

Address _____ e-mail _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Age in July _____ Grade in Fall _____ SS # _____

Church _____

I attend _____ (children's/youth program) at _____

 This is my _____ year at camp. If 1st year, who/where did you hear about camp? _____

 One Cabinmate Preference _____
 (Cabinmates must be in the same grade; preference will be honored if possible)

PLEASE REGISTER ME FOR:

	Fee if registered by 3/31:.....	After 3/31	
<input type="checkbox"/> CILT CAMP Coed: June 9 – June 15 CILT 2 <input type="checkbox"/> 3 <input type="checkbox"/>	\$ 525	\$550	_____
(Weekly Fee includes a \$ 50 NON-refundable registration fee)			
<input type="checkbox"/> WEEKEND FEE between CILT Camp & Regular Camp	\$ 90	\$ 95	_____
<input type="checkbox"/> GIRLS' CAMP: June 16 – June 22 (Grades 2 – 12)	\$ 525	\$550	_____
(Weekly Fee includes a \$ 50 NON-refundable registration fee)			
<input type="checkbox"/> HORSEMANSHIP (grades 7 – 12).....	\$ 60	\$ 65	_____
<input type="checkbox"/> TRAIL RIDING (grades 8 – 12).....	\$ 60	\$ 65	_____
<input type="checkbox"/> HORSE SENSE (grades 4 – 6).....	\$ 30	\$ 35	_____
<input type="checkbox"/> TRAP SHOOTING (grades 9 – 12)	\$ 20	\$ 25	_____
<input type="checkbox"/> CILT 1 (10th grade)			_____
<input type="checkbox"/> BOYS' CAMP: June 16 – June 22 (Grades 2 – 12)	\$ 525	\$550	_____
(Weekly Fee includes a \$ 50 NON-refundable registration fee)			
<input type="checkbox"/> TRAIL RIDING (grades 7 – 12).....	\$ 60	\$ 65	_____
<input type="checkbox"/> HORSE SENSE (grades 5 – 6).....	\$ 30	\$ 35	_____
<input type="checkbox"/> TRAP SHOOTING (grades 7 – 12)	\$ 20	\$ 25	_____
<input type="checkbox"/> CILT 1 (10th grade)			_____
<input type="checkbox"/> EARLY ARRIVAL (must be approved by Director).....	\$ 70	\$ 75	_____
THEME T-SHIRT <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		\$ 15	_____
TOTAL DUE:			\$ _____

The camper named above has my permission to attend camp, to participate in the activities, including horsemanship, to receive emergency medical treatment if necessary, and to be photographed and those pictures used in camp promotion. I release Camp Cedarbrook Texas from all liability while my child is at camp. By providing the camper's email address you are giving CCT permission to email camp related information to your camper.

Signature of Parent/Guardian _____

Mail completed form and fees to: CCT @ 391 CR 333 Rosebud, TX 76570

Make checks payable to CAMP CEDARBROOK TEXAS

OFFICE USE ONLY	Payment _____	Check # _____	Date _____
Emailed forms _____	Payment _____	Check # _____	Date _____
Input in database _____	Payment _____	Check # _____	Date _____
Received forms _____	Payment _____	Check # _____	Date _____
	Payment _____	Check # _____	Date _____

CC Name _____ Cabin # _____

NAME: _____ BIRTHDATE: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____
Last First Middle

SOCIAL SECURITY NUMBER: # _____ - _____ - _____ GENERAL HEALTH: Good Fair Poor

PARENT/GUARDIAN: _____ HOME PHONE: (_____) _____
 CELL PHONE: (_____) _____ WORK PHONE: (_____) _____

HOME ADDRESS: _____
Street and number City State Zip

ADDRESS during camp if different: _____
Street and number City State Zip

If not available in an emergency notify:

1. _____ PHONE: (_____) _____
 2. _____ PHONE: (_____) _____

Date of last physician's examination: _____ By: _____, MD

**If your camper has not had a physical exam within the last two years, or if your camper has any chronic or recurring illness, we strongly recommend clearance by a physician before they attend camp.

Does camper have medical insurance? YES NO (If insured, please copy front and back of the card)

If yes, please provide Name of company _____ Address of company _____
 ID # _____ Phone # (_____) _____

MEDICAL HISTORY:

Allergies:

- Hay fever Poison Ivy
 Insect stings Penicillin
 Food: _____
 Medication: _____

Diseases:

- Asthma Epilepsy
 Diabetes Chicken Pox
 Other: _____

Illnesses:

- Ear infection Sinus or bronchitis
 Mononucleosis Heart defect/disease
 High blood pressure Bleeding/clotting disorder
 Surgery: _____
 Serious injury: _____

History of bed wetting? Yes No

Physical disability? Yes No: If yes, specify: _____

Has camper menstruated? Yes No If no, has she been told about it? Yes NO

Can camper participate in all activities? Yes No If not, specify: _____

Date of last tetanus shot is: (month/year) _____ All immunizations required by school are up to date. (attach copy) Yes No

If immunizations are not up to date, I understand and accept the risks to my child from not being fully immunized. Yes No

NAME: _____ BIRTHDATE: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____
Last First

MENTAL AND EMOTIONAL HEALTH INFORMATION:

- This camper has been treated for ADD or ADHD. YES NO
- Does camper take medication for ADD or ADHD during the school year? YES NO
- Will camper be taking this medication during camp? YES NO
- This camper has emotional/behavioral concerns that might impact camp participation. YES NO
- This camper had/has had a significant life event that continues to affect the camper's life/health YES NO

MEDICATIONS:

I give permission for my child to receive non-prescription medication from the medical staff of CAMP CEDARBROOK as he/she deems necessary for the following conditions:

- | | | | | | |
|----------------------|---------------|--------------------------------------|-----------------------|------------------------------|-----------------------------|
| Cough/Cold: | Decongestant, | cough drops / syrup | or generic equivalent | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Allergies/Sinusitis: | Sudafed, | Benadryl, | or generic equivalent | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Stomach: | Tums, | anti-diarrhea (except Pepto-Bismol), | or generic equivalent | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| General pain: | Tylenol, | Advil, Aleve | or generic equivalent | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Please do not give my child any of the following non-prescription medications: _____

If you are you sending any medication to camp with this camper, list them below:

Name of medication:	Dose	Time Taken and How administered	Reason for taking:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: ALL medication brought to camp must be listed above. This includes even vitamins or aspirin. To comply with Texas Health Laws all medication **MUST be in its ORIGINAL CONTAINER** with the current label. PLEASE DO NOT SEND UNNECESSARY OR NON-PRESCRIPTION MEDICATION TO CAMP.

PARENT'S AUTHORIZATION:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.



Signature of Parent/Guardian

Date

This form is to be completed by a parent or guardian, although you may want to discuss some of the questions (and your responses) with your child. Please be honest and straightforward, filling in all information that will help your child have a successful summer.

Name of camper _____

In a few weeks, your child will be living in a cabin with other campers the same age. We want to encourage each camper's growth to the fullest. To enable us to best meet the needs of your child please fill out any information below that might help us. **Return it to the camp registrar.** If there is anything confidential which you would not want kept in the camp files, please attach a note.

Has your child been to camp before? Yes No

Where? _____ When? _____

If not, has your child been away from home alone more than two days? Yes No

Was your child homesick? Yes No

If yes, how was this homesickness expressed and how long did it last?

Describe the family dynamics/siblings/home situation.

Are there any learning, behavioral or anxiety issues?

What responsibilities does your child have at home?

What does your child like to do in his/her free time?

What is your child's approach to establishing relationships with other children (i.e. is s/he outgoing, shy, etc)?

What does your child do when s/he is angry, frustrated or disappointed?

Does your child prefer group or solitary activities?

How does your child deal with transitions?

What strategies are helpful in supporting your child through challenging situations?

Sleeping habits: sleepwalking , night terrors , bedwetting , other _____ or none ?

Is your child's appetite good? Yes No

Would you describe your child as a fussy eater? Yes No

Does your child have any dietary needs? Yes No If yes, please explain:

Has your child had a significant life event (*e.g. family death, divorce, recent move*) that continues to affect his or her life?

Describe your child's spiritual life/relationship with God.

Print name of parent _____ Signature of parent _____

Dear Parents,

Because we are concerned about the safety and personal well being of each of our campers, we are requiring the attached form for the release of campers at the close of camp. We must have the following form filled out for each child. Send this form prior to camp to the registrar or bring it to camp at the time of registration and give it to the Director. Registration for your child will not be complete and he/she will be unable to stay at camp if we do not have this information. **EVEN IF PARENTS ARE PICKING UP THEIR OWN CHILD, THIS FORM MUST BE COMPLETED AND RETURNED.** If any change occurs after you have given the camp this information please notify the director during camp or the registrar prior to camp.

Following the law, we would also request your permission for camp staff to email your son/daughter. Again this is done to insure your child's safety. Camp staff will not contact your child via electronic means without your permission.

Thank you for your cooperation with these matters.

CAMP CEDARBROOK

You have my permission to email my child at the following email

Please do not use email to contact my child.

My child, _____ will be riding home with

at the close of camp. Under no circumstances is my child to be released to anyone other than the above designated person(s) without my permission.

Signature of parent/guardian

Date

Printed name of parent/guardian