



iConnect²⁰₁₀

APRIL 23 - 25, 2010

Connect is for students currently in the 4th and 5th grades. Registration includes 3 meals on Saturday, 2 meals on Sunday, snacks, lodging, program, and a t-shirt. Check-in will be Friday from 6:30 PM to 7:30 PM. Pick-up will be Sunday at 2:00 PM. *Cost: \$70 if postmarked by 4/12, and \$80 on or after 4/13.*

Registration/Permission Form

Name _____ Grade _____ Baptized ___ Yes or ___ No

Address _____ City _____ St _____ Zip _____

Phone _____ Church _____ Boy ___ or Girl ___

Please send follow-up communications to this email address: _____

Emergency Contact _____ Name _____ Relation _____ Phone _____

2nd Emergency Contact _____ Name _____ Relation _____ Phone _____

SHIRT SIZE
(circle one)
YM YL AS AM
AL AXL AXXL

Medical Information

Health History/Info
(Mark all that apply)

- ___ Heart condition
- ___ Diabetes
- ___ Allergies:
- ___ Asthma
- ___ Hay Fever
- ___ Stings
- ___ Foods
- ___ Medicine
- ___ Seizures
- ___ Ear infections
- ___ Fears / Phobias
- ___ Sleepwalking
- ___ ADD / ADHD
- ___ Hearing problems

Please provide information about any condition marked in the Health History/Info area.

Any other important health information the camp may need to know.

Permission to Dispense
(Mark all that Apply)

- ___ Tylenol or Advil;
- ___ Benadryl
- ___ Tums or Pepto-Bismol
- ___ Hydrocortisone Cream
- ___ Prescription or over the counter medication designated and provided by the parent/guardian

Please list all current medications on back of form including type, dosage, and times. **All medication must be turned in to the First-Aid person at Check-In! All medication must be in original containers!**

Immunization Record

Immunization up to date? _____
Date of last Immunization _____
Tetanus: Date of last treatment _____

This Medical Information is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel attending to the treatment of my child to order x-rays, routine tests and treatment. In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named on this form.

I hereby authorize and assign permission for the Blue Grass Christian Camp to photograph and/or video tape my child. These images may be used in follow-up publications on the web and print for the purposes of marketing and publicity for future camp events.

Signature of Parent/Guardian _____ Date _____

Payment Information

___ Registration Fee enclosed as check, money order, or cash. Amount Enclosed: \$ _____ Check, MO, or Cash

___ Please bill Registration Fee to my Visa/Master Card at this time. Amount to Bill: \$ _____ Visa/Mastercard

Name on Card _____ Visa MC Card # _____ 16 Digit # _____

Expiration Date: MM/YY _____ V# _____ 3 Digit # Located on Back of Card