

# YOUTH REGISTRATION FORM

Register online at [www.ipoint.org](http://www.ipoint.org) or tear out this page and complete the form including Camper Information, Parent/Guardian Information, and Medical Information.

## CAMPER INFORMATION

Name (Last, First, MI) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Camper Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Camper E-mail \_\_\_\_\_ First time at youth camp? Y  N   
 Church/City \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering \_\_\_\_\_ Male  Female   
 Name of one roommate \_\_\_\_\_  
 Name of Camp(s) Attending \_\_\_\_\_ Dates \_\_\_\_\_ Price \*(see page 4)  
 ex. JH2 \_\_\_\_\_

If a church is providing scholarship funds, please list church name and amount.

Church \_\_\_\_\_ Amount \_\_\_\_\_

## PARENT INFORMATION

Parents'/Guardians' (First & Last Names) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Parent/Guardian Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Parent/Guardian Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Parent/Guardian E-mail \_\_\_\_\_  
 Child Lives with:  Both Parents  Mother  Father  Grandparents  Guardian

## PAYMENT INFORMATION

All registrations must include at least a \$75.00 non-refundable, non-transferable deposit. Checks are payable to Inspiration Point.

Cash \_\_\_\_\_ Check# \_\_\_\_\_ Please Charge \$ \_\_\_\_\_ to my Credit Card.  
 Name on card \_\_\_\_\_  Visa  MasterCard  Discover  
 Card# \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/  
 Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL INFORMATION

To be filled out and signed by parent or guardian.

	Yes	No	Yes	No
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>
Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Allergies	<input type="checkbox"/>
ADD/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>
Activity Limitations*	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual Problems	<input type="checkbox"/>
			Diabetes	<input type="checkbox"/>

If yes, please explain \_\_\_\_\_

\*A doctor's note must accompany registration form.

State Law requires all campers be fully immunized. Place a check if current:

<input type="checkbox"/> Mumps	<input type="checkbox"/> Measles	<input type="checkbox"/> Rubella
<input type="checkbox"/> Polio	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Pertussis
<input type="checkbox"/> Tetanus/Date of last tetanus ____/____/____		

State Law requires all resident campers to be examined by a licensed physician within two years of admission to camp. Date of last exam \_\_\_\_/\_\_\_\_/\_\_\_\_

If taking medication, what kind and for what? \_\_\_\_\_

Permission to administer pain reliever:  
 Acetaminophen  Ibuprofen  OTC Allergy Medication  
 None  Other

Health Insurance: Y  N  If yes, Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Parents' or guardians' health coverage must pay for illness while at camp.

Emergency Contact (other than parent or guardian) Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## LUTHERAN BRETHREN BIBLE CAMP, INC. MEDICAL/MEDIA RELEASE

I hereby give permission for my child to attend Inspiration Point and designate camp officials to act on my behalf in authorizing routine and/or emergency medical care. I also agree to hold harmless Lutheran Brethren Bible Camp, Inc. for any and all claims for injuries, causes for action, or liability related to use of all camp facilities (such as, but not limited to swimming, adventure course, climbing tower, etc.). I give Inspiration Point authority in matters of discipline, understanding that any camper disregarding camp rules is subject to being sent home at camper's expense, and any camper willfully destroying property will be charged accordingly. I further authorize the camp to use photos or video taken of my child at camp for promotional purposes.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_