

2022 REGISTRATION & HEALTH FORM HORTON HAVEN CHRISTIAN CAMP

PLEASE PRINT. THIS FORM IS TO BE LEGIBLY COMPLETED BY A PARENT OR GUARDIAN. USE BALL POINT PEN.

SECTION I. EVERYONE must fill out Section I even if you registered online!

Camper Name _____ Age _____ Male/Female Date of Birth ____/____/____

E-mail _____ Grade (completed in June) _____ Church Group _____

First Parent or Guardian _____ Email _____

Relationship to camper (circle one) legal parent legal guardian other: _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cellular Phone (____) _____

Second Parent or Guardian _____ Email _____

Relationship to camper (circle one) legal parent legal guardian other: _____

Home Phone (____) _____ Work Phone (____) _____ Cellular Phone (____) _____

Name of Custodial Parent(s) _____

If above are not available in an emergency, notify _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Cellular Phone (____) _____

Horton Haven Christian Camp and Christian Camp and Conference Association, reserves the right to use any photographs taken at camp in its promotional programs, this includes photos of all campers, staff, and visitors. As a camper at Horton Haven Christian Camp your child may be involved in activities such as canoeing, swimming, horseback riding, high adventure area, rappelling, and other camp activities. As you acknowledge, these activities have inherent dangers that no amount of care, caution, instruction or expertise can eliminate. Upon recognition of the nature of the activities, by signature below, you assume the risk and release and discharge Horton Haven Christian Camp, and its directors, employees, staff, and agents from liability. As a camper at Horton Haven Christian Camp, you or your child will be assigned a place to sleep, shower, and use the restroom, based on your/their physical gender at birth. You covenant with them that you will never, individually or as legal guardians of participating individuals, institute any action at law or in equity for any personal injuries to property, real or personal, caused by, or arising out of activities on behalf of or sponsored by Horton Haven Christian Camp based on your child's participation. You further agree to indemnify and hold Horton Haven Christian Camp harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any claim you may make, action you take against the camp, or lawsuit you might file against them. I have seen, read, agree, and do hereby release Horton Haven Christian Camp to the above.

Camper's Signature _____ Date: _____/_____/_____

Parent or Guardian Signature _____ Date: _____/_____/_____

SECTION II. Adult Staff skip to Section III.

Please check the camp you plan to attend.

- *Staff in Training\$150June 5-10
- Senior Teen\$280June 12-17
- Junior 1\$280June 19-24
- Junior 2\$280June 26-July 1
- Early Teen 1\$280July 3-8
- Junior 3\$280July 10-15
- Junior 4\$280July 17-22
- Early Teen 2\$280July 24-29
- Junior 5\$255July 31-Aug 5
- *Girl's Discipleship \$180July 31-Aug 5
- *Guy's Discipleship \$180July 31-Aug 5

- Day Camps - \$180
- *Camp Eagle.....June 20-24
 - *Camp Falcon.....June 27-July 1
 - *Camp Hawk.....July 11-15
 - *Camp Owl.....July 18-21
 - Optional Meal Package\$25 each week
- Retreats - \$75
- *Spring Teen Retreat March 4-6
 - *Fall Teen Retreat.....TBD
 - *Fall Junior Retreat.....TBD

**Discounts DO NOT apply*

Cabin Mate Request

Two friends, no more than 2 years age difference. All must request each other or no guarantee.

1. _____ 2. _____

Camp T-Shirts:

T-Shirts are included in camp fee. Please mark size.

Size: Youth: medium (10-12) large (14-16)

Adult: small
 medium
 large
 extra large

Discounts - \$10 each - Summer Overnight Camp

Early Bird - Register with deposit by February 1st

Full Payment by April 15th

Sibling
New Camper

All Fees Must Be Paid In Full 2 Weeks
Prior To Your Week Of Camp

Make checks payable to:

Horton Haven, Inc.

Mail this COMPLETED form to:

Horton Haven

PO Box 276

Chapel Hill, TN 37034

Name _____ LAST _____ FIRST _____ Camp Attending _____ Cabin _____ Year _____

CAMP USE ONLY

SECTION III.

The following information will be used to (a) Educate cabin leaders and directing staff about camper needs; and (b) Provide healthcare staff with background about your child.

Receiving adequate information prior to your child's arrival is crucial to our ability to provide a positive camp experience.

HEALTH HISTORY: Date of last health exam: _____/_____/_____

Physician's Name _____ City _____ Phone (____) _____

Is camper under a physician's care for a medical or psychological concern? Yes No (Circle)

If YES, please explain: _____

ALLERGIES: We are not an allergy-free camp and while we may try to limit certain allergens, we cannot eliminate them and don't try to eliminate them. Therefore if you choose to send your child to Horton Haven, you understand you are taking a chance on exposure and reaction. If you have questions or concerns, please call the camp. Check all that apply.

- This camper has no known allergies.
- This camper is allergic to the following **food(s)** _____. This causes anaphylaxis? Yes No
Describe the reaction if this food is eaten and what is done to manage it: _____
- This camper is allergic to the following **medication(s)** _____. This causes anaphylaxis? Yes No
Describe the reaction if this medication is taken and what is done to manage it: _____
- This camper is allergic to the following **substance(s)** _____. This causes anaphylaxis? Yes No
Describe the reaction and what is done to manage it: _____

DIET: Note that kitchen staff prepare a variety of healthy foods from each food group at meal times. Please understand that our facility is unable to accommodate special dietary requirements.
Please call if you have questions about diet.

HEALTH CONCERNS: Check all that apply. Explain and provide treatment needed for each item checked.

- This camper has no health concerns and is capable of full participation in this program.
- This camper has the following health concern(s):
 - Asthma Migraines Diabetes Bed-wetting
 - Heart defects/disease Seizures Bleeding disorder
 - Other (please describe) _____

Please explain and provide information including treatment for each item checked: _____

MEDICATION: Provide complete information.

All medications including vitamins and herbs MUST be sent in the original container with original label or it will not be given. DO NOT send non prescription medication unless taken on a daily basis, because it is provided by the camp. Please be prepared to turn in all medication including vitamins and herbs to the nurse upon arrival.

- This camper does not take any medication on a daily basis.
- This camper uses the following medication (including vitamins/herbs):

Name of medication _____	Name of medication _____
Reason for taking _____	Reason for taking _____
Dose taken _____	Dose taken _____
Time(s) of day taken _____	Time(s) of day taken _____
Name of medication _____	Name of medication _____
Reason for taking _____	Reason for taking _____
Dose taken _____	Dose taken _____
Time(s) of day taken _____	Time(s) of day taken _____

SECTION IV.

IMMUNIZATION HISTORY:

Please check the appropriate box.

- My child's immunizations are up to date
- We choose not to participate in some or all immunizations. Please send me a "Refusal to Vaccinate" form to be signed and returned.

Please provide date of last Tetanus booster _____

GENERAL HISTORY: Check "Yes" or "No" for each statement.

- This camper has had the chicken pox virus Yes No
- This camper has had mononucleosis in the past 12 months..... Yes No
- This camper's hearing is within normal range Yes No
- This camper uses contact lenses (consider bringing extra pair) or glasses to correct vision..... Yes No
- This camper has illness, injury, surgery, or any other reason which would prevent full program participation..... Yes No

EMOTIONAL HEALTH: Check "Yes" or "No" for each statement.

- This camper has a learning disability Yes No
- This camper has been diagnosed with Attention Deficit Disorder (ADD) or ADHD..... Yes No
- This camper will use medicine during camp for ADD or ADHD Yes No
- This camper has an eating disorder Yes No
- This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder Yes No
- This camper has an emotional health concern..... Yes No
- This camper has seen or is currently seeing a professional to address a mental/emotional health concern(s) .. Yes No

If "Yes" was the answer to any question in this section, please give information below which:

- (a) Describes the concern and the management plan, including any medication used.
- (b) Describes the behaviors which would indicate to our staff that your camper needs professional referral.
- (c) Describes similar camp-type activities which your child has participated in, and their level of ability to successfully participate in the program.

WHAT HAVE WE FORGOTTEN TO ASK? Provide additional information about your child's health which may have been neglected on this form. We are particularly interested in information which has impact upon your child's ability to fully participate in the camp program. Attach additional information if needed.

SECTION V.

BY INITIALING EACH STATEMENT, I CONFIRM THAT I HAVE READ, UNDERSTAND, AND AGREE.

1. The camp does not have mental health professionals on staff. If the camp leadership deem any behavior your camper exhibits as inappropriate or unsafe to his/her self, or others, you will be notified and asked to come to camp and remove your camper from the program. This is done to ensure the safety of your child and others as certain situations and behaviors may be outside the scope of our ability. Initial _____

2. The camp is a head lice and nit free facility. On the Sunday of your child's arrival to camp, there will be a lice and nit check conducted by trained nurses or other trained staff, prior to their move into a cabin. If your child is found to have lice or nits, they will not be allowed to stay at camp. You will be asked to take your child home for treatment and they will not be readmitted to that same week of camp. You will be allowed to re-register for a different week, space permitting. This is done because of the contagious nature of head lice and because effective treatment takes time to accomplish. Initial _____

SECTION V. *continued*

3. The camp is not an allergenic-free facility and while we may do certain things to decrease allergens, we cannot, nor do we try to eliminate them. Your child may be exposed to the environment, animals, and foods to which they may be allergic. They will possibly be at risk for exposure and reaction. It is your responsibility to know if our program is a good fit for your child's allergies. For more information, read the PDF document entitled "Allergy Information" on the registration page of our website at www.hortonhaven.org. Initial _____

HEALTH INSURANCE INFORMATION:

This camper has health insurance? Yes No (Circle)

Subscriber Name _____

Insurance Company _____

Group Number (ID#) _____

If you are a summer staffer (teen or college) or your camper lives more than 2 hours from the camp, you must send a copy of your insurance card.

RESPONSIBLE ADULT FOR HEALTH CARE CHARGES: Parents/guardians are financially responsible for health care given by an out-of-camp provider. Please list below the parent/guardian who will pay for this camper's health care bills, should it be necessary to take your child to an out-of-camp provider. Do not list insurance information here.

Name of Parent/Guardian responsible for health care bills _____

Address _____

Phone number _____

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE: This health history is correct, and the person described has permission to participate in all camp activities except as noted by me. I give permission to the camp health care staff to administer the medication as listed above on this form, to perform treatment for and to administer medication for minor injuries and illnesses. Furthermore, I give permission to the Horton Haven Christian Camp staff to transport my child to or from a health care provider and I give permission to the physician selected by the camp to order X-rays, routine tests and treatment for the health of my child. 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 my child. This form may be photocopied. Horton Haven Christian Camp has permission to obtain a copy of my child's health record from the providers they access to treat my child. I understand that information about my child's health will be shared with other camp staff on a "need to know" basis. There will be a health screening conducted on the day of registration and if my child is found to have any contagious or unexplained illnesses or conditions, or head lice/nits, he or she will be dismissed from camp until proper treatment is given.

SIGNATURE OF CUSTODIAL

PARENT/GUARDIAN _____ **DATE** _____

Return this form to Horton Haven Registrar. Keep a copy for your records and to record changes in your child's health status. Bring your adjusted copy to camp registration and update the health care provider with changes. For questions about this health form or to speak with a member of our Directing Staff, please call the Camp Office at 931-364-7656.

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY

HORTON HAVEN CHRISTIAN CAMP NURSING NOTES

SCREENING has been conducted according to HHCC policies and significant findings noted.

Screening Date/Time

A. Signs/Symptoms of illness or injury upon arrival?..... No Yes as noted below

B. History of recent illness or injury prior to camp?..... No Yes as noted below

C. History of recent exposure to communicable disease?..... No Yes as noted below

D. Medication/Vitamins given to health care provider?..... No Yes as noted below

Screener Initials

E. Any signs/symptoms of head lice?..... No Yes as noted below

F. Additions or corrections?..... No Yes as noted on form

Date/Time

Note to include health concern, assessment, treatment provided.

Initial

Attach additional Nursing Notes as needed