

# VBS Day Camp Registration and Health Form

For Hope Church with programming by Ingham Okoboji Lutheran Bible Camps. Please print clearly.

This form may be copied. Please use a separate form for each Camper. Please take a moment to review and sign the Conduct Covenant on the back of this sheet. PLEASE RETURN YOUR COMPLETED DAY CAMP REGISTRATION FORM TO HOPE CHURCH, 306 2nd Ave NW, Pocahontas, IA 50574

## Personal Information

Name: \_\_\_\_\_ Grade Child will enter next fall: \_\_\_\_\_ Birth Date / /  
Age: \_\_\_\_\_ Sex: M / F 1st time day camper? Y / N  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact and Phone # \_\_\_\_\_  
Siblings attending Day Camp: \_\_\_\_\_  
Church: (if different from Host Church): \_\_\_\_\_ City: \_\_\_\_\_

## General Health Information

Chronic or recurring illness or medical condition that may affect Day Camp life: \_\_\_\_\_  
Allergies (i.e. food allergies, bee stings, etc.) \_\_\_\_\_  
Dietary restrictions (i.e. vegetarian, lactose intolerant): \_\_\_\_\_  
Other suggestions that may help make your day camper's week more comfortable and enjoyable:  
\_\_\_\_\_  
Medications (please list kinds and dosage): \_\_\_\_\_

**All pertinent medication must be brought to the local Day Camp Director in their original containers**

## Insurance Information

Insurance Company: \_\_\_\_\_  
Policy # \_\_\_\_\_  
Holder's Name: \_\_\_\_\_  
Family Dr.: \_\_\_\_\_ Phone # \_\_\_\_\_

## Immunizations (circle Yes or No)

DPT (series 3) Yes or No  
Polio Immunization Yes or No  
MMR (Measles/Mumps/Rubello) Yes or No

Date of last Tetanus: \_\_\_\_\_

## Permission

*I give my permission for my child to participate in all aspects of the Day Camp program. I understand that every effort will be made to contact me if my child needs emergency medical treatment. I authorize medical personnel, the local Day Camp coordinator or Day Camp staff to secure any medical or emergency treatment as deemed necessary for my child. I or my insurance company will pay for any medical treatment if costs are incurred. I give permission for any picture or video taken of my child to be used for promotional purposes. I understand choosing to send this child to day camp may increase their risk of being exposed to COVID-19, agree to pre-screen this child for symptoms prior to arrival at day camp, not send this child if I suspect they are ill, and understand there may be social distancing requirements expected of this child set by the camp and church.*

X \_\_\_\_\_

Parent/Guardian Signature

Date

**OVER**

# Day Camp Covenant

As a participant in Day Camp and as a child of God,  
I understand and agree to the following expectations:

- \* I will choose to participate fully in Day Camp.
- \* I will choose to respect all people, including myself, choosing to treat others as I would like to be treated.
- \* I will choose to listen to the Day Camp leadership team and volunteers.
- \* I will choose to use my words to build others up or I will choose to be quiet.
- \* I will not bring harm to myself. I will choose to maintain self-control.
- \* I will choose to be respectful of the facilities and grounds where Day Camp is held.
- \* I understand that if I damage other peoples' property, I am responsible for replacing/repairing it.

\*\* I understand that if I choose to break this Conduct Covenant, there are consequences. I will take responsibility for my actions. I understand that if I choose to harm myself or others, my parent/guardian will be contacted and I will be sent home.

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Day Camper's Signature

\*\* I have read this Conduct Covenant and enter into it with my child. I will encourage my child to abide by it. I understand that should my child choose to break this Covenant, every effort will be made to contact me and my child will be sent home. I also understand that if I am not reachable the emergency contact listed will be contacted.

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Parent/Guardian Signature