

Application Form and Medical Release

SUBMIT THIS APPLICATION FOR REGISTRATION. A BRIEF PHONE INTERVIEW WILL FOLLOW NEXT.
The interview allows us to better prepare to welcome your camper. We are able to accept most campers who apply.
AFTER THE INTERVIEW AN E-MAIL OR CALL WILL CONFIRM YOUR CAMPER'S ACCEPTANCE.

TAMILA BURT, DIRECTOR, E-Mail: stonessoup@faithmonroe.org - OR - Call: Stone Soup: 770.207.5235

CAMPER REGISTRATION FOR STONE SOUP – FRIENDS OF ALL ABILITIES

Please print in ink

Name: _____ Age _____ Birthday ____/____/____
LAST FIRST MIDDLE MM / DD / YYYY

Year in school _____ Male Female Email _____
(If applicable)

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Cell _____

Father's name _____ Phone: Home _____ Cell _____

Emergency contact _____ Phone: Home/ Work _____ Cell _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your camper is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit written statement, either attached or on the reverse side of this page. Additional medical forms may be required if your camper needs medications administered during a Stone Soup event.

Check the following areas of concern for this camper. If necessary, add another page with details:

- 1. For the camper's safety and our knowledge, does he/she for personal care / bathroom
 - Independent
 - Need minimal supervision
 - Need complete care
- 2. Does your camper have allergies to –
 - pollens
 - medications
 - food
 - insect bites
- 3. Does your camper suffer from, or has ever experienced, or is being treated currently for any of the following:
 - asthma
 - epilepsy / seizure disorder
 - heart trouble
 - diabetes
 - frequently upset stomach
 - physical handicap _____
- 4. Date of last tetanus shot: _____
- 5. Does your camper wear:
 - glasses
 - contact lenses
- 6. Please list and explain any major illnesses the camper experienced during the last year:
- 7. Should this camper's activities be restricted for any reason? If yes Please explain (use other side)

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For your information, we expect each camper to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No use of CD players, ipods, or other entertainment devices – except for prescribed sensory devices
- No cell phone - camera use except for emergency contact needs
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, staff, leaders, and counselor friends
- Respect and comply with event schedules

I, the camper, have read / heard the rules of conduct, the above evaluation of my health, and desire to participate in Stone Soup group activities. I agree to abide by the stated personal limitations and code of conduct to the best of my ability.

Camper signature: (if possible) **X** _____ Date: _____

What to Wear: Casual clothing to allow for movement

Food: Bring a sack lunch or snack. Stone Soup may only provide a healthy snack to those with NO diet restrictions or allergies. Water is provided at all events.

Activities may include, but are not limited to, eating, walking, singing, use of craft materials, such as glue or finger paint, group activity video /photographs: *If you desire to limit your camper's participation in any activity, please submit your wishes in writing to the Stone Soup Director prior to any event.*

_____ has my permission to attend all camper activities
NAME OF CAMPER

sponsored by Faith Baptist Church, Monroe, GA (hereinafter "Church").

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named camper:

I/We the undersigned have legal custody of the camper named above, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our camper's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment, as deemed necessary by a licensed physician or emergency medical personnel. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the camper named above. I/we also agree to bring my/our camper home at my/our own expense should they become ill or if deemed necessary by the ministry's staff member.

Parent/guardian signature: **X** _____ Date: _____

Mail, Deliver, or Scan & E-Mail the application to: Stone Soup, Tamila Burt, 1789 GA Hwy 11 NW, Monroe, GA 30656

Welcome to Stone Soup – Friends of All Abilities! - Building a Community of Friends –