

# Mountain Top Youth Camp Homeschool Camp 2017 Registration Form

Check a week:

\_\_\_\_\_ May 15-19

\_\_\_\_\_ May 22-26

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Birthdate: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Age(as of 10/15/16) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone( ) \_\_\_\_\_

Cell Phone( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Medical Ins. Co \_\_\_\_\_

Ins. Policy No. \_\_\_\_\_

Pre-Admission No \_\_\_\_\_

Home Church \_\_\_\_\_

Cabin Friend Request \_\_\_\_\_  
\_\_\_\_\_

A \$25.00 registration fee must accompany this form.  
Remaining balance due may be paid with registration  
or upon arrival at Camp.

Registrar: Pam Armfield - Email: mtycregistrar@gmail.com  
Phone: (336) 852-6988

## Health & General Info (To be completed by parent or guardian)

Has camper been immunized against the following: Yes \_\_\_ No \_\_\_  
Polio, Measles, Mumps, Rubella, Diphtheria, Tetanus, Whooping cough

Check if camper has any of the following: \_\_\_ ADHD \_\_\_ Asthma  
\_\_\_ Lung Trouble \_\_\_ Heart Trouble \_\_\_ Ear Trouble \_\_\_ Diabetes  
\_\_\_ Appendicitis \_\_\_ Hay Fever \_\_\_ Sinusitis \_\_\_ Tonsillitis

Has Camper been under medical care within the past 3 months? \_\_\_  
If so, for what? \_\_\_\_\_

Does Camper have trouble with Enuresis? (Bed wetting)  
\_\_\_ Yes \_\_\_ No (If yes - send sheets - not sleeping bag)

Does Camper have allergic tendencies? (Bee stings, penicillin, etc)  
\_\_\_ Yes \_\_\_ No \_\_\_\_\_

Does Camper have any medical or physical disorders that will be a  
handicap in camp activities, etc? \_\_\_ Yes \_\_\_ No  
If so, describe limitation(s) \_\_\_\_\_

Are there any foods that the Camper should not eat? \_\_\_ Yes \_\_\_ No

Does camper have any medications to take? \_\_\_ Yes \_\_\_ No

All medicines must be left with the nurse to dispense and must be  
in original container with original label and instructions

Is there any other information which you feel we should have about  
this camper? (Use back for additional space)

### Parent/Guardian Consents and Releases

**1. Conduct Code:** Camper conduct should adhere to sound moral principles, all Camp rules, and policies. The presence or use of tobacco, alcoholic beverage, intoxicants, nonprescription drugs, expressions of profanity or vulgarity, or immodest clothing will not be permitted. Any Camper who violates camp rules, is disruptive, is not cooperative with the camp program or others in attendance is subject to dismissal and forfeiture of fees.

**2. General and Emergency Medical Authorizations:** I hereby give permission to the first aid personnel selected by camp personnel to determine and provide standard first aid care and administer medications sent for camper and over the counter medications; and in an emergency case, to determine and select outside medical personnel and facilities, and I grant permission to such to order x-rays, make routine tests, hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for this camper.

**3. Camper has my permission** to attend MTYC and engage in all activities except as noted:

I have read the content in the attached MTYC brochure and camper is knowledgeable of the content and Conduct Code. The information recorded on this application form is accurate and complete.

Signature of Parent or Guardian

Date

SEND TO: Mountain Top Youth Camp  
c/o Pam Armfield  
2818 Kivett Dr.  
Greensboro, NC 27407