



New Ground Bible Camp

at Christ Church Bay Ridge

Return with your registration and health form.

To keep *New Ground* affordable, we request each family donate time or talent to the camp. Prayerfully consider your abilities and means as you complete and return this form.

Name: _____

Address: _____

Email: _____

Day Phone: _____ Evening Phone: _____

- I will spread the word about New Ground Camp
- I want to give \$_____ to the scholarship fund (cash or check payable to Christ Church is enclosed). This gift is tax deductible and will be matched by Thrivent Financial for Lutherans.
- I want to give \$_____ to the continued development of New Ground Camp (cash or check payable to Christ Church is enclosed).
- I would like to lend a hand
- I would like to help in other ways (please specify) : _____



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August 8 - 19, 2016 9am-3pm REGISTRATION ● HEALTH ● PERMISSION FORM

Attending (circle): Week 1 Week 2 Both Before/Aftercare needed from/to: _____

Camper's Name: _____ Age: _____ Grade in Sept 2016: _____

Gender: _____ Birth date: (month/day/year)_____

Camper's Email: _____ (optional)

Guardian Name(s): _____

Permanent Address: _____
Street Apt # City State Zip

Guardian's Day Phone: () _____ Evening: () _____ Cell: () _____

Guardian's Email: _____

During the time of Camp, list best phone number to call: () _____

Name and Address of Emergency Contact in case parent/guardian cannot be contacted:

Name: _____ Phone: () _____

Address: _____ Relationship: _____

Name of Camper's Physician or Health Care Facility: _____

Telephone: _____

How did you learn about New Ground Day Camp? _____
(or how many years have you attended?)

Does your family have a home congregation (circle one): Yes No

If yes, what is the name of your church: _____ City: _____

The following persons are permitted to pick up the camper from Day Camp:

Page 1 of 2

For Church Use:

Amount Received: _____ Date Received: _____ Balance: _____



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2016 Health form Page 2 of 2 for Camper Name: _____

Camper's Doctor: _____ Phone: () _____

Camper's Dentist: _____ Phone: () _____

Your medical/accident insurance carrier: _____ Phone: () _____

Policy Number: _____ Group Number: _____

Identify Past Medical Treatments: _____

List any disability or recurring illness: _____

Note any specific activities to be limited for health or other reasons: _____

Indicate current medication or medical treatment and daily schedule (includes prescribed and non prescribed medication):

Note: All medications sent to camp must be in the original containers and given to the Site Coordinator.

Specify any dietary concerns or limitations: _____

Note all allergies the camper has:

_____Bee Stings _____Aspirin _____Penicillin _____Animals

Other: _____

Immunization Record – Note the Dates of the following immunizations:

DTP _____ TD (Tetanus/diphtheria) _____ Tetanus _____ Polio _____ MMR _____

Haemophilus influenza B _____ Hepatitis B _____ Varicella(chicken pox) _____

List other issues (ADD, autism, dyslexia, depression, etc) that the Camp Staff should be aware of:

All information is kept strictly confidential and will only be used to provide appropriate support for your child at camp.

PERMISSION AND EMERGENCY AUTHORIZATION

The above named child has my permission to attend the New Ground Camp. In the event I cannot be reached, I give permission for the staff of this New Ground Camp to order x-rays, routine tests and treatments for my child, and for a qualified physician to hospitalize, secure proper treatment and to order injection, anesthesia, and/or surgery for my child until I can be present or involved in the care.

I hereby represent that I have the legal authority to give this permission on behalf of my son/daughter.

I give permission for camp staff to administer medication as listed previously on this form, and I give permission for photos to be taken of my child for promotional purposes. Any exceptions to this permission are as listed:

Parent/Guardian Signature

Date

Printed Parent/Guardian Name

Relationship

7301 Ridge Blvd Brooklyn NY 11209
Rev'd Father Joel Ireland, Priest