

UPLIFT 2011**Camper Registration Form**

Session (Circle) (1)6/11-16(2)6/18-23 (3)6/25-6/30

Youth Group:

Grade (entering):

T-Shirt Size:

Name Last: First: MI: M F DOB: Age:**CAMPER'S GENERAL INFORMATION**

Home Phone: Email Address:

Home Address:

City: State: Zip: Home Church:

EMERGENCY CONTACT INFORMATION**Mother's Info (or guardian)** Name: Home Ph: Cell: Work Ph:
Address:**Father's Info (or guardian)** Name: Home Ph: Cell: Work Ph:
Address:**Youth Min./ Sponsor Info** Name:**Emergency Contact (if above are unreachable)** Name: Home Ph: Cell:
Address: Relation:**INSURANCE INFORMATION**

Name of Medical Insurance Company: Policy Holder:

Policy #: SS# of Policy Holder:

SS# of Camper: Holder's Place of Employment: Holder's Wk #:

CAMPER'S HEALTH HISTORY
(PLEASE ATTACH ANOTHER SHEET IF YOU NEED MORE SPACE)

Allergies:	Type of Allergy	Date of last reaction	Reaction you had	Usual treatment for a reaction

Immunizations	<input type="checkbox"/> Tetanus	Date:	<input type="checkbox"/> Hepat. A/B	Date:	<input type="checkbox"/> Meningitis vaccine	Date:
	<input type="checkbox"/> Chcknpx	Date:	<input type="checkbox"/> Influenza	Date:	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>	Date:

List any medical/psychological/social problems	Date of Diagnosis/Onset

Recent Surgeries		
Type of Surgery	Hospital	Year

Recent (or significant) Hospitalizations or ER visits		
Reason for Hospitalization	Hospital	Year

Youth Group: () Age: () / DOB: / Middle Initial: / First Name: / Last Name:

List all meds			
Name of Medication	Strength (Dosage)	Frequency Taken	Reason for taking

The following over-the-counter medications are stocked in the Uplift health station.

Please circle any meds you *DO NOT* wish your child to receive (if any):

Pain Relievers	Gastrointestinal Meds	Allergy/Itch/Cough Meds
Aleve (Naproxen)	Dulcolax (Bisacodyl)	Artificial tear eye drops
Azo (phenazopyridine HCl) – For pain from UTIs	Gas-X (Simethicone)	Eye drops (naphazoline HCl, pheniramine maleate)
Chloraseptic lozenges/spray (benzocaine, menthol)	Imodium AD (Loperamide)	Bendadryl (Pill, liquid, or creme)
Ear ache drops (chamomilla, mercurius, solubilis sulphur)	Mylanta	Calamine lotion
Excedrin (Tylenol+Caffeine)	Pepcid (Famotidine)	Chigger-Ex
Ibuprofen (Motrin, Advil)	Pepto-Bismol	Claritin (Loratadine)
Icy-Hot Sport Creme	Tums	Hydrocortisone creme
Midol (Tylenol+caffeine+pyrilanine maleate)	Topical Wound Ointments	Pink eye relief drops
Orajel (benzocaine)	Burn creams, Aloe-vera	Primatine mist (epinephrine inhaler)
Pamprin (Tylenol+pamabrom+pyrilanine maleate)	Neosporin	Robitussin DM
Tylenol (Acetaminophen)	Polysporin	Sudafed (Pseudophedrine)
Feminine Products	Triple-Antibiotic Ointment	Miscellaneous
Monistat (Miconazole)		Finger-stick blood sugar test
Vagisil anti-itch creme		Multivitamin

Please list any other information that may be helpful to the Uplift medical staff.

Medical Release Statement

I _____ (print name) consent to the above-named student to participate in Harding's Uplift. I further authorize Uplift personnel to sign documents permitting the performance of medical assistance as deemed necessary by legally licensed medical personnel at the time of illness or injury to the above student and will accept the financial responsibility for said medical assistance.

Signature of parent/guardian:

Date:

Tuition for Uplift depends on when you register. If you register online and your deposit is postmarked by **April 11, 2011**, you will pay **\$210**. If you register and pay your deposit after that date, the tuition will be **\$225**. The tuition includes a **\$100.00 deposit/registration fee**. The \$100.00 deposit is refundable until **May 1, 2011**. After May 1, 2011, the deposit is non-refundable, but it may be transferable in some cases in the event of cancellation for any reason. You are not officially registered for Uplift until your deposit is received and you register online. You must also send this form in. You will be notified within one week of your acceptance into Uplift. Tuition fees include meals, camp/recreation activities, and T-shirt. No extra money is needed except for personal items. **Campers will not be permitted to attend Uplift if both pages of this medical release form are not completed in full.**

I _____ (camper's printed name) agree to follow all of the guidelines of Uplift and Harding University and will cooperate and participate in all of its activities. I understand that the dress code policy begins when I leave my home for Uplift, and it ends when I get home.

Signature of Camper:

Date: