

For BPUMC Use Only  
 \_\_\_\_\_ Registration  
 \_\_\_\_\_ Health Form  
 \_\_\_\_\_ Acceptance Ltr.  
 \_\_\_\_\_ **Wait List**  
 \_\_\_\_\_ Reminder Call



Royal Family KIDS' Camps  
**One Week Summer Camp**  
 for kids ages 7-11

Sponsored by  
**Bemus Point United Methodist Church**  
 PO Box 99 Bemus Point NY 14712

**Return Completed Application to:**

Bemus Point United  
 Methodist Church  
 Attn:Carolynn Wesp  
 PO Box 99  
 Bemus Point, NY 14712  
 Phone: 716-386-3401  
 Fax: 716-386-7370

## CAMPER REGISTRATION FORM

**Instructions:** *Please Print.* This form must be completely filled out. The information is vital to the well being of the child. Forms will be returned to you if they are not completely filled out. Please be sure to sign both page 2 and page 3. The child will only be considered for camp once **ALL** paperwork is received by BPUMC.

Child's Last Name	First Name	Preferred Name	Sex
Street			
City	State	Zip	
Date of Birth	Age	Grade entering in Sept.	
The child is living with: (Check one)			
<input type="checkbox"/>	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Relative

If in Foster placement, how many foster homes has the child been in? \_\_\_\_\_

Explain any unusual family circumstances that make camp especially important for the child:  
 (For example: recent crisis, being moved in foster placement, severe economic needs, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name(s) of person(s) the child is living with

( ) _____	( ) _____	( ) _____
Home Phone:	Cell Phone	Work Phone
Emergency Contact	( ) _____ Phone	Relationship to Child

Health Insurance Company and Policy Number

\_\_\_\_\_  
 Social Worker (if applicable) ( ) \_\_\_\_\_ Day Phone Number

**CAMPER DETAILS:**

This child's swimming ability is:  Good  Poor  Do not Know

Learning Disabilities:  Yes  No Reading Level: \_\_\_\_\_

Will the camper come to camp with eyeglasses? \_\_\_\_\_yes \_\_\_\_\_no

Does the camper need ear plugs when swimming? \_\_\_\_\_yes \_\_\_\_\_no

Has the child attended a Royal Family Kids Camp before?  Yes, where/when? \_\_\_\_\_  No

Camper T-Shirt Size:  Child Small  Child Medium  Child Large  Adult Small  Adult Medium  Adult Large

Camper Shoe Size \_\_\_\_\_

How did you hear about RFKC? \_\_\_\_\_

**CAMPERS EMOTIONAL/BEHAVIORAL HISTORY**

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning & Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details from above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL RELEASE FORM:**

This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned do hereby authorize the directors of Royal Family KIDS Camp, or such substitute as they may designate, as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is in route to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Royal Family as legal guardian/social worker/other.

I give my permission for \_\_\_\_\_ to attend Royal Family KIDS Camp through the Bemus Point United Methodist Church.

By signing this form, I hereby release photos taken of this child during camp sessions to be used in future camp publicity and promotional material.

\_\_\_\_\_  
**Legal Guardian's Signature**

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Printed Name of Legal Guardian

\_\_\_\_\_  
Date

Camper Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Guardian Signature (gives Doctor's Office permission to fax this 2 page health form to BPUMC upon completion)**

X \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH FORM – ROYAL FAMILY KIDS' CAMP

**Should be completed & signed by child's physician.**

Date of last health examination \_\_\_\_\_

(This date must be within 2 years of the camp date or child will need a new physical before camp)

### HEALTH HISTORY

Indicate all known allergies, illness, disabilities, physical limitations or medical complications:

Allergies \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Illnesses/medical complications \_\_\_\_\_

Disabilities/Limitations \_\_\_\_\_

Leg or Arm Braces       Hearing Aids      Eating Disorder  Yes  No

Check all areas that apply to the camper. Please provide details for checked areas.

Respiratory Problems _____	Hypoglycemia _____	Musculoskeletal Allergies _____
Heart or Circulation _____	Dizzy Spells _____	Foot _____
Pulmonary Edema _____	Back _____	Seizure Disorders _____
Hay Fever _____	Anaphylactic Shock _____	Poison Oak _____
Balance Problems _____	Diabetes _____	Fainting _____
Insect Bites _____	Drug Allergy _____	Other _____

Details: \_\_\_\_\_

PHYSICAL RESTRICTIONS? \_\_\_\_\_ NO \_\_\_\_\_ YES, EXPLAIN \_\_\_\_\_

### IMMUNIZATION HISTORY:

Please attach camper's immunization record. Be sure it includes dates of the camper's basic immunizations and most recent boosters.

### PRESCRIPTION MEDICATIONS: *All medication sent to camp must be in original container with the pharmacy label on it.*

Is the child taking any medications?     No     Yes, please fill in the following

1. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

2. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

3. Name \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

What is (are) the medication(s) for: \_\_\_\_\_

**HEALTH FORM – p. 2**

**Camper Name:** \_\_\_\_\_

**OVER-THE-COUNTER MEDICATIONS THAT CAN BE ADMINISTERED AT CAMP**

Per label by age/weight

Please check YES or NO for the medications listed blow. This form must be completely filled out by the primary caregiver who signs below, or camper may not attend camp.

YES	NO		Specify if desired:
<input type="checkbox"/>	<input type="checkbox"/>	Sunblock	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lip balm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rash ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band-aids	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-itch cream	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen peroxide	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	Decongestant	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ipecac syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

This child is physically fit to participate in Royal Family Kids' Camp 2018.

YES \_\_\_\_\_ NO \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please fax this form to the Bemus Point United Methodist Church. Fax # 716-386-7370**  
**THANK YOU SO MUCH!**  
**Questions? Call Laura Nelson at 716-386-1065**