

Quaker Haven Climbing Club

Registration Form

PARENTS/GUARDIANS, PLEASE FILL OUT THIS FORM COMPLETELY AND SIGN WHERE INDICATED.

First name _____ Last name _____ Birth Date ___/___/___ Age _____
Home Address _____ City _____ State _____ Zip _____
SS# _____ (for medical purpose only)
Custodial Parent or Guardian _____ Parent/Guardian Email _____
Home Phone(____) ____ - ____ Cell Phone(____) ____ - ____ Business Phone(____) ____ - ____
Second Parent or Guardian (if applicable) _____ Phone(____) ____ - ____
Second Parent/Guardian Address _____ City _____ State _____ Zip _____
If Parent/Second Parent are not available in an emergency, please notify: Name _____
Home Phone(____) ____ - ____ Cell Phone(____) ____ - ____ Business Phone(____) ____ - ____

For Parent to Sign (Parent's signature required for minors and requested for participants who are not minors. Participants who are not legal minors may sign their own forms.) This section must be completed for attendance at class. The health history on this form is correct so far as I know and the person herein described has permission to engage in all climbing activities. I also give Quaker Haven Camp permission to photograph and/or videotape my child for promotional purposes.

Authorization for Treatment: In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. I hereby give permission to Quaker Haven Personnel to order X-rays, routine tests, administer treatment, administer "over the counter" medications and/or arrange necessary transportation for me/my child. The completed forms may be photocopied for trips out of camp.

Parent's Signature _____ Date _____
Participant Signature _____ Date _____

Payment Information:

Choose one:

- ___ Level One, Ages 10-14 ,Tuesday at 5:00PM
- ___ Level One, Ages 10-14,Thursday at 5:00PM
- ___ Level One, Ages 15-18, Tuesday at 6:15PM
- ___ Level One, Ages 15-18, Thursday at 6:15PM

Level one cost is \$95. Includes T-Shirt, 8 lessons, and equipment usage.

Make checks payable to Quaker Haven Camp. Please send check and registration form to 111 EMS D16C Lane, Syracuse, IN 46567

T-Shirt Size (please check one):

Youth _____ Adult _____
Small _____ Medium _____ Large _____ XL _____

Medical Form

First part must be filled out by parent/guardian. Information in the second part is requested from your physician. If you are not able to have a physician complete this section, a parent/guardian must fill it out completely.

HEALTH CARE INFORMATION

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Other doctors _____ Phone _____

Is this applicant covered by medical/hospital insurance? YES NO

Insurance carrier _____ Policy Number _____ Group Number _____

Responsible Party _____ Relationship _____ SSN _____

Address (if different than Custodial Parent) _____

MEDICAL HISTORY

Please indicate approximate dates

_____ Chicken Pox	_____ Epilepsy	_____ Mononucleosis	_____ Diabetes
_____ Hypertension	_____ Frequent Ear Infections	_____ Heart Defect/Disease	_____ Bleeding/Clotting Disorder
_____ Operations	_____ Allergies	_____ Serious Injury	_____ Asthma
_____ Psychiatric Counseling or Hospitalization	_____ Chronic or recurring illness or medical condition		

Explain each one marked above

Immunization History Vaccines - Tetanus Booster (must be within last ten years) _____ date required

For Females: Has this person menstruated? _____ *If not, has she been told about it?* _____ *If so, is her menstrual history normal?* _____

Special consideration: _____

Our goal is to provide a complete camping experience for all participants. To aid us in accomplishing this goal, we ask all of our participants to inform us if they have any disabilities or impairments. We use this information to establish appropriate staffing levels and to ensure that potential accommodations are available. Accordingly, please note in the space below any impairments or disabilities.

A PARENT/GUARDIAN MUST COMPLETE THIS SECTION.

The participant is under the care of a physician for the following condition(s):

Current treatment: _____

Allergies (medications, food, & insects, etc.)? _____

Any additional health information for camp personnel? _____