

# Camp Victory Registration 2010

**363 Victory Circle  
Samson, AL 36477**

**Please check which week of camp:**

- |  |   |
|--|---|
| <input type="checkbox"/> June 7-12, Gr. 3 <sup>rd</sup> -6 <sup>th</sup>       | <input type="checkbox"/> July 5-10, Gr. 3 <sup>rd</sup> -6 <sup>th</sup>  |
| <input type="checkbox"/> June 14-19, Gr. 4 <sup>th</sup> -7 <sup>th</sup>      | <input type="checkbox"/> July 12-17, Gr. 6 <sup>th</sup> -9 <sup>th</sup> |
| <input type="checkbox"/> June 21-26, Gr. 6 <sup>th</sup> -9 <sup>th</sup>      | <input type="checkbox"/> July 19-24, Gr. 3 <sup>rd</sup> -6 <sup>th</sup> |
| <input type="checkbox"/> June 28-July 3, Gr. 9 <sup>th</sup> -12 <sup>th</sup> | <input type="checkbox"/> July 26-31, Gr. 5 <sup>th</sup> -8 <sup>th</sup> |

**Camper Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Girl  Boy

Mailing Address \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_ School \_\_\_\_\_ **Fall 2010 School Grade** \_\_\_\_\_

Parent's E-mail (optional—for confirmations) \_\_\_\_\_

Roommate Preference (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Parent/Guardian Information:**

Dad's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Address (if different from camper) \_\_\_\_\_

Mom's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Address (if different from camper) \_\_\_\_\_

**Emergency Contact (if parent/guardian is not available):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Insurance Information:**

Is the camper covered by Medicaid? No  Yes  Contract # \_\_\_\_\_

Is the camper covered by family medical/hospital insurance No  Yes

If yes, indicate carrier/plan name \_\_\_\_\_ Contract # \_\_\_\_\_

**If a doctor/emergency room visit is necessary, we will file on your insurance first.  
Camp Victory carries a secondary insurance policy on all campers while at camp.**

## Medical Information

Has or Had:

- |  |   |
|--|---|
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Seizures   |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Frequent headaches                                     |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Frequent ear infections                                |
| <input type="checkbox"/> Measles       | <input type="checkbox"/> Back or joint problems                                 |
| <input type="checkbox"/> Rubella       | <input type="checkbox"/> High blood pressure                                    |
| <input type="checkbox"/> Chicken pox   | <input type="checkbox"/> Heart murmur or chest pains                            |
| <input type="checkbox"/> Mumps         | <input type="checkbox"/> Eating disorder  |
| <input type="checkbox"/> Hepatitis     | <input type="checkbox"/> Diarrhea/constipation                                  |
| <input type="checkbox"/> Skin problems | <input type="checkbox"/> Chronic or recurring illness/condition                 |
| <input type="checkbox"/> Sleepwalking  | <input type="checkbox"/> Ever passed out or been dizzy during/after exercise    |
| <input type="checkbox"/> Bedwetting    | <input type="checkbox"/> If female: an abnormal menstrual history               |
|  | <input type="checkbox"/> Orthodontic appliance brought to camp                  |
|  | <input type="checkbox"/> Emotional difficulties that required professional help |

Comments on above: \_\_\_\_\_

Use this space to provide any additional information about the camper's behavior and physical, emotional, or mental health about which the camp should be aware.

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**Registration will not be accepted unless medical information and signatures are completed on back.**

For Office Use Only

Date \_\_\_\_\_ Fee \_\_\_\_\_  
Other \_\_\_\_\_

Cabin # \_\_\_\_\_ Week of Camp \_\_\_\_\_

First Name

Last Name

For Office Use Only  
Medical Record of \_\_\_\_\_

