

# Camp Victory Registration 2012

Mail to:  
**363 Victory Circle  
Samson, AL 36477**

Please check which week of camp:

<input type="checkbox"/> June 4-9, Gr. 3 <sup>rd</sup> -6 <sup>th</sup>	<input type="checkbox"/> July 2-7, Gr. 3 <sup>rd</sup> -6 <sup>th</sup>
<input type="checkbox"/> June 11-16, Gr. 4 <sup>th</sup> -7 <sup>th</sup>	<input type="checkbox"/> July 9-14, Gr. 4 <sup>th</sup> -7 <sup>th</sup>
<input type="checkbox"/> June 18-23, Gr. 6 <sup>th</sup> -9 <sup>th</sup>	<input type="checkbox"/> July 16-21, Gr. 3 <sup>rd</sup> -6 <sup>th</sup>
<input type="checkbox"/> June 25-30, Gr. 9 <sup>th</sup> -12 <sup>th</sup>	<input type="checkbox"/> July 23-28, Gr. 5 <sup>th</sup> -8 <sup>th</sup>

## Camper Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Girl  Boy   
*(or name camper goes by)*

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

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

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_ School \_\_\_\_\_ **Fall 2012 School Grade** \_\_\_\_\_

Parent's Email \_\_\_\_\_

*Email address will be used to confirm registration. Please print legibly!*

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

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

For Office Use Only  
Date \_\_\_\_\_ Deposit Pd \_\_\_\_\_  
Other \_\_\_\_\_

Cabin # \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

