

# MY STORY MIDDLEN SCHOOL CAMP 2008

## + CAMPER Registration Form +

### Camp Information

Dates: **Sunday, June 15—Friday, June 20, 2008**  
 Cost: **\$130**      Grades: completed **6th, 7th and 8th**  
 Location: Assembly Park Camp, Lake Nebagamon, WI

### Camper Information

Camper's Last Name: \_\_\_\_\_  
 Camper's First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) - \_\_\_\_\_ Other Phone: ( ) - \_\_\_\_\_  
 Grade Completed at time of Camp:      6 | 7 | 8  
 Gender: male | female      Birthday: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 T-shirt size:      S | M | L | XL | XXL

### Church Information

Church: \_\_\_\_\_  
 Youth Leader/Pastor: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Evening Phone: \_\_\_\_\_

### Youth Pastors/Leaders ONLY

Youth Pastors/Leaders, send completed registration forms postmarked by Tuesday, June 3, 2008 to:  
**Hayward Wesleyan Church**  
**MY STORY '08**  
**PO Box 507**  
**Hayward, WI 54843**

Registration forms that are submitted after the June 3 deadline will definitely be accepted, but will be processed LAST for rooming assignments. Please FAX late registration forms to "Hayward Wesleyan Church attn: MY STORY '08 @ 715-634-7823. Group check-in at Camp is between 6-8pm on Sunday, June 15, 2008.

### Medical Information

Health Ins. Co. \_\_\_\_\_  
 Policy/Group #: \_\_\_\_\_

- Check if student has:
- asthma     diabetes
  - infection/illness/health problems \_\_\_\_\_
  - dietary restrictions \_\_\_\_\_
  - special needs \_\_\_\_\_

Describe any allergies: \_\_\_\_\_  
 \_\_\_\_\_

List all medications camper is currently taking:

Medication	Dosage	Frequency
1. _____		
2. _____		
3. _____		
4. _____		

Prescription medications **MUST** have a pharmacy label. **ALL** medications must be turned in to the Camp Health Care Supervisor at the time of Camp check-in.

### Parental Release Waiver

By signing this form, I am giving permission for my student to participate in any and all camp-related activities, including-but-not limited-to being transported to and from related activities by pre-arranged transportation. In the event of minor aches or pains, I give permission for my child to receive Tylenol or Ibuprofen.

This medical history is correct to the best of my knowledge. I authorize the camp health care supervisor to administer above medications to my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the camp health care supervisor to hospitalize and secure proper treatment for my child.

\_\_\_\_\_  
 (authorized parent or guardian)