

2024 Registration Form

Camp Choice (please circle): **Primary** (completed grades 1-3) **Junior** (completed grades 4-5)
 Junior High (completed grades 6-8) **Senior High** (completed grades 9-12)

Printed Name _____ Sex: F ___ M ___ Age _____ Birth date _____
 Address _____ City _____ State ___ Zip _____
 Grade Completed _____ Number of years camper has attended Camp Aurora (not including this year) _____
 Contact Phone: Cell _____ Work _____ Home _____
 Alternate emergency name _____ phone _____ Relationship _____
 Alternate emergency name _____ phone _____ Relationship _____
 Parent/Guardian e-mail: _____ Camper's E-mail _____
 Church/City _____

If you attended a workday, please list the date you attended to receive \$25 discount:

Please check which payment option: Pay Online (www.campaurora.org/register) OR Check Enclosed

Only first time campers may request to be in a cabin with a friend. This must be indicated on the registration form.
 Special placement will be at the discretion of the camp director.

One Complimentary T-shirt (**Adult**) (34-36)___(38-40)___(42-44)___(46-48)___XXL___(**Child**) (6-8)__(10-12)__(14-16)___
 (Extra shirts may be ordered for \$10 each - If extra shirts are being ordered, mark number being ordered next to size, but be sure to include the complimentary shirt. Please enclose a check for any additional shirts ordered.)

For junior, junior high and senior high camps, the campers will participate in an afternoon float trip on the Niangua River in either canoes or rafts. The director, all counselors, and a lifeguard supervise the trip. Life jackets are required at all times campers are on the water.

I hereby give permission for my child _____ **to participate in the float trip.**

Junior, junior high and senior high camps may leave campgrounds to hike to Bennett Spring and/or to a nearby cave. These trips are fully supervised by counselors and/or the director.

I hereby give permission for my child _____ **to participate in these hikes.**
 Camp Aurora has a website, Facebook page and promotional flyers where we will publish pictures such as the complimentary group picture and other snapshots.

I hereby give permission for _____ **'s picture to be used on the website, Facebook page or in a promotional way such as flyers, posters, slide shows, or videos.**

I agree to fully share in all camp programs and activities and I realize that I am registering for the full camp period and will not leave until the camp session ends.

Camper's Signature	Date	Parent/Guardian Signature	Date
Please print Parent/Guardian's name(s): _____			

ADULT ADVISOR'S OR PASTOR'S STATEMENT

To help the camp leaders make a significant contribution to the Christian growth and development of this camper, please give any information about the camper that you feel would be helpful. Please comment concerning local church participation, family relationships and any other information that would be important or helpful to the camp staff. This information will be kept in strict confidence. Thank you.

(Please use reverse if needed)

Pastor/Adult Advisor Signature Date

Mail Registration, Health and Permission to Treat Form with Full Fee to:
Lauren Hoskins, 5451 S Dayton Ave, Springfield, MO, 65810
***Must return all forms to be completely registered**

Health Form

Must be completed by Parent, Guardian, Physician or camper. Health Form must be on file with Camp Registration.

Printed Name _____ Male ___ Female ___ Date of Birth _____

Camp _____ Dates _____

Part 1

• Is there heart pathology that requires restricted activity? _____

• Is there any evidence or history of chronic infection of nose throat ears, sinus or lungs?

• Is appendix present? _____ Hernia? _____

• Date last Tetanus shot received _____

• Is there evidence of athlete's foot? _____ Other skin diseases? _____

If yes, what?

• Has there been recent exposure to any contagious disease? y/n If yes, what? _____

• Indicate any recent illness, surgery.

• Is camper subject to fainting? _____ Convulsions? _____ Sleepwalking? _____ Bedwetting? _____

• Is camper subject to asthma? _____ Hay Fever? _____

• List any **diet** restrictions: _____

• Should any restrictions be observed in active camp life, swimming, hiking, etc.?

• Is camper on routine medicine? _____

• Name drug and dosage _____

• Name drug and dosage _____

• Name drug and dosage _____

(use reverse if necessary)

• **List all allergies:**

• List any other personal context which you believe would be helpful to the Camp Aurora staff:

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Is there any other information that you can give that will help the camp staff become acquainted with your child and give your child the best care at camp?

Part 2

Family Physician's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Part 3

Name of Insurance Company _____

Policy # _____

Policy in the name
of _____

(attach photocopy of front and back of insurance card)

Part 4

Emergency

Contact _____ Phone _____

Relationship _____ Address _____

City _____ State _____ Zip _____

Part 5

I, the parent or guardian of the camper whose name appears on this form, hereby voluntarily and absolutely releases, discharges, waives and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to my child as a result of my child's observing or using facilities or equipment of Camp Aurora, or engaging in or receiving instructions in any activities some of which may involve dangers and risk of bodily injury.

Signature _____ Date _____

Permission to Treat and Medication Form

PERMISSION TO TREAT.

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named below

Name _____ Social Security Number _____
 Signed: _____ Date: _____

This completed form may be photocopied for trips out of camp.

Please list any medical or dietary allergies: _____

MEDICATION AUTHORIZATION

Prescription medication shall be in the original container and labeled with the child's name, an instruction, including times and amounts for dosages, and the physician's name. All non-prescription medication shall be in the original contain and labeled by the parents with the child's name and instructions for administration, including times and amounts for dosages.

I authorize camp personnel to administer the following medication to my child:

_____	_____
CHILD'S NAME	NAME OF MEDICATIONS
_____	_____
DATE MEDICATION TAKEN FROM UNTIL	DOSAGE AND TIMES

POSSIBLE SIDE EFFECTS	
_____	_____
PARENT OR GUARDIAN SIGNATURE	DATE

I also give permission for Camp Aurora to administer the following over-the-counter medications if the staff deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

- | | |
|---|---|
| Headache - Tylenol - Advil - Aspirin | Upset Stomach - Pepto Bismol |
| Diarrhea - Imodium AD | Poison Ivy - Calamine Lotion- Caladryl - Cortaid |
| Menstrual Cramps - Ibuprofen - Tylenol | Allergic reactions - Benadryl |

_____	_____
SIGNATURE	DATE

STAFF NAME	DATE	MEDICATION	DOSAGE	TIME

Health and Safety Protocols

Pre-Screening

As recommended by the CDC and the American Camp Association, Camp Aurora Ministries is recommending pre-screening of campers and staff members prior to designated camping week.

- Self-screening for presence of these symptoms:
 - Fever of 100.4 °F or greater
 - Cough
 - Shortness of breath
 - Diarrhea
 - Fatigue
 - Headache
 - Nausea and/or vomiting
 - Loss of taste or smell
 - Sore throat
- Determine if the camper or staff member has been in close contact with a person who has been diagnosed with, tested for, or quarantined as a result of COVID-19

Ongoing Screening

Ongoing screening will be conducted throughout camps by the camp nurse.

If a camper develops any of the symptoms listed above, the camper will be evaluated by the camp nurse. The staff and camp nurse will follow Camp Aurora's Communicable Disease Plan (CDP).

If a camper has a fever of 100.4 or higher and/or one or more symptoms listed above:

- Camper will be quarantined until picked up by parent/guardian
- Parents/guardians will be contacted immediately to pick up camper

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Health and Safety Protocols

As recommended by the CDC and the American Camp Association, the following health and safety protocols will be required for all campers and staff members:

- Facial masks are optional for campers and staff
- Increased hand-washing
- Fewer number of campers in cabins
- Pre-screening prior to camp and ongoing screening throughout camp
- Increased cleaning and sanitation throughout camp

***The safety protocols and guidelines followed at Camp Aurora could be subject to change based on CDC and American Camp Association guidance. Any changes made will be communicated to campers, staff, and families.**

I agree to ensure my camper is pre-screened for any illness prior to camp.

I understand the health and safety protocols and my camper will be required to follow them to protect the health and safety of other campers and staff.

If my camper shows any symptoms prior to camp, I will keep them home to protect campers and staff.

If my camper exhibits any symptoms, listed on prior page, I understand I am responsible for picking them up from camp and taking them home.

Parent/Guardian Signature _____

Date _____

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