



Asbury United Methodist Church is teaming up with Heartland Traveling Day Camps to bring a week of AWESOME adventures to our church and community, and you're invited!

Adventure Week Campers get to participate in outdoor activities such as water games, rock wall, and more! They also get to grow in their relationship with God not only through these activities, but also through daily bible study, worship, crafts, and skits.

<b>Dates:</b>	July 9-13
<b>Hours:</b>	9am – 5pm
<b>Ages:</b>	Completed kindergarten through completed 5th grade
<b>Cost:</b>	Only \$10 per child for the whole week with lunch and snack included!
<b>Location:</b>	Asbury United Methodist Church 1500 S Campbell Ave Springfield, MO 65807

Please fill out the attached camper registration form (one for each camper) and return it in person or by mail to Asbury at the address above. You can also mail or drop off your \$10/camper payment. Please make your check out to Asbury UMC and put "Adventure Week" in the memo line along with your camper's name.

***For more information about Asbury Adventure Week  
please visit our website or give us a call @ 417-865-1335***

***[www.AsburyUnitedMethodist.org](http://www.AsburyUnitedMethodist.org)***

**Day Camp 2018- In Partnership with Heartland Camp**

**\*\*All information is required unless n/a applies\*\***

Camper Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Male / Female (circle one)

T-Shirt Size (circle one): Youth Small Youth Large Adult Small Adult Medium Adult Large Adult XL

Camp Location \_\_\_\_\_ Date Of Camp \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade Completed \_\_\_\_\_ SS# (optional) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Best # to be reached at \_\_\_\_\_ Secondary # \_\_\_\_\_ Other # : \_\_\_\_\_

*I hereby affirm that I: \_\_\_\_\_ am the parent or legal guardian of the above named camper and I am Authorized to execute this medical consent form in behalf of said camper.*

**Emergency Contact:** - *In the event you or another parent/guardian cannot be reached, please provide two alternate contacts. DO NOT PUT PARENT NAMES HERE*

Contact 1: Name & Relationship \_\_\_\_\_ Phone #s \_\_\_\_\_

Contact 2: Name & Relationship \_\_\_\_\_ Phone # s \_\_\_\_\_

**Physician Information:**

Physician's Name \_\_\_\_\_ Physician's Phone# \_\_\_\_\_ Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_ Food Allergies/ Dietary \_\_\_\_\_

Other Medical Information \_\_\_\_\_

Please explain about any physical or emotional disability as it will help Day Camp staff and leaders work more effectively with your child.

Medication Currently Taking \_\_\_\_\_ Dosage \_\_\_\_\_ Times per day \_\_\_\_\_

**All medications must be brought in the prescription bottle with campers name or in original packaging. Please mark Inhalers with campers name on them**

**Are immunizations current for this person? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of LAST TETNUS SHOT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

(Parent /Guardian must be able to supply current immunization records and boosters if requested.)

**Insurance Information: Provider \_\_\_\_\_ Policy Holder \_\_\_\_\_**

**Group# \_\_\_\_\_ ID# \_\_\_\_\_**

Is the camper in general good health and able to participate in all normal camp activities? Yes // No

In signing this application, I hereby certify that the above information is correct and give permission for the release of medical records in case of illness or accident.

In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by Heartland Center Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant named above.

I give my child permission to participate in all camp activities including challenge course – both high ropes and low ropes appropriate to my child's age as well as horseback riding, swimming and archery, if offered. I understand that Heartland trains their staff and inspects their equipment and stock regularly to reduce risk. I understand there are still inherent risks with all camp activities. I release Heartland and all its employees from any liability related to my child's participation in camp activities. Participating in the Challenge Course & Inflatable Obstacle Course may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur. *Under Missouri Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised Statutes of Missouri.*

I give permission for Heartland to administer the following over-the-counter drugs or their equivalent (in accordance with product labeling) to my son/daughter if deemed necessary by the Heartland Center Health Care Manager: Tylenol, Pepto-Bismol, Maalox, Ibuprofen, Claritin, Benadryl, Cough/Throat Spray, Eye Drops/Visine, and Swimmer's Ear Drops, Calamine Lotion, Ivy Dry.

I agree to allow my child (or myself) to have his/her picture taken and those pictures to be used in Heartland Center publicity. My child agrees to follow all camp rules & expectations and I will arrange transportation home at any time for my child if camp director requires it due to behavior or illness.

**Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_**