

Check one  
Date                      Session  
 June 1-4                      (Mini)  
 June 5-10                      (1)  
 June 12-24                      (2)  
 June 26-July 8                      (3)  
 July 10-22                      (4)  
 July 24-29                      (5)

## REGISTRATION FORM SUMMER 2011

(a copy of birth certificate required for 8 year olds)

Complete and return to: **Tahkodah Christian Camp  
 c/o Harding University, Box 10844, Searcy, AR 72149**

please print clearly

Name of camper \_\_\_\_\_ Age at camp time \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Grade 2010-11 \_\_\_\_\_ School \_\_\_\_\_

Discounts available:  
 \_\_\_ \$15 early bird (application postmarked by Feb. 20)  
 \_\_\_ \$15 (1 week) /\$25 (2 weeks) if parent is Harding employee  
 \_\_\_ Bring a friend who has never camped at Tahkodah and receive a free photo CD of your session (\$10 value) plus a \$5 camp store credit. Friend: \_\_\_\_\_

Shirt size (circle one)  
 Youth M L  
 Adult S M L XL

**One** bunkmate preference (only mutual preferences honored) \_\_\_\_\_

Home address \_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ ZIP \_\_\_\_\_

Dad's name \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ work (\_\_\_\_) \_\_\_\_\_

Mom's name \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ work (\_\_\_\_) \_\_\_\_\_

Emergency contact \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ work (\_\_\_\_) \_\_\_\_\_

Adult's e-mail (for confirmation) \_\_\_\_\_ Home church \_\_\_\_\_

Office use only  
 Deposit \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Tetanus Y N  
 Med form signed Y N

Medical information and registration form sections MUST both be completed, signed and returned online or by mail with a \$100 deposit (nonrefundable after April 15) before camper's registration is considered complete.

### MEDICAL INFORMATION

Complete each line. Indicate if not applicable (NA). Camper will not be registered unless this form is completed and signed. (Can be done online.)

Camper's full name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Birth date \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

#### INSURANCE INFORMATION

Name of insurance company:	Policy holder:
Policy #:	Holder's place of employment:
Primary health care provider (family doctor):	Doctor's phone #:

#### CAMPER'S HEALTH HISTORY (PLEASE ATTACH ANOTHER SHEET IF YOU NEED MORE SPACE.)

Allergies:	Type of allergy	Date of last reaction	Reaction you had	Usual treatment for a reaction

List any medical/psychological/social problems, activity restrictions or recent surgeries/illnesses	Date of diagnosis/onset

List *all* medications — ALL medications, including over-the-counter meds, must be in their original containers and turned in to the nurse at check-in. Prescription medicine must be prescribed for the camper.

Name of medication	Strength (dosage)	Frequency taken	Reason for taking

Tetanus Date: \_\_\_\_\_ List any medicines you DO NOT wish your child to receive (if any): \_\_\_\_\_

Notes (for camp nurse use only)

#### MEDICAL RELEASE STATEMENT

I, the undersigned parent, recognizing the inherent risks of the numerous activities in which my child will participate while at Camp Tahkodah, appoint Ross Cochran, Director of Camp Tahkodah, the Camp Nurse, or a staff member appointed by the Director or Nurse as my agent to: (1) In the event of sickness or injury, administer minor medical emergency aid or treatment that they shall deem appropriate for my child; and (2) In the event of sickness or injury, give consent to any emergency medical procedures, tests or treatments for my child that they shall deem appropriate under the circumstances. I agree to accept all costs incurred by such treatments.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*By submitting this application, permission is given to use my child's picture in Camp Tahkodah publications*