

Streamside Winter Blast

GROUP REGISTRATION

February 10 - 12, 2017

Mail To: Streamside Camp, 303 Possinger Dr., Stroudsburg, PA 18360

Fax to: (570) 629-9650

Questions? contact: (570) 629-1902 or winterblast@streamside.org



To register your group for Streamside Winter Blast, please complete this form and send it in with the required deposit to Streamside by February 1st.

Each member of your group will need to complete a CAMPER REGISTRATION form.

Church Name _____ Phone _____

Group Leader _____ Phone _____

Cell Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

GROUP ROSTER

Please list all participants' names, gender and designate adult leaders. You should have a minimum of 1 same-gender adult leader per 10 campers for each gender of youth in your group. Gender groups of 8 or more will be provided a private cabin. Smaller groups may need to share.

- | | | | |
|-----------|-------|-----------|-------|
| 1. _____ | M / F | 13. _____ | M / F |
| 2. _____ | M / F | 14. _____ | M / F |
| 3. _____ | M / F | 15. _____ | M / F |
| 4. _____ | M / F | 16. _____ | M / F |
| 5. _____ | M / F | 17. _____ | M / F |
| 6. _____ | M / F | 18. _____ | M / F |
| 7. _____ | M / F | 19. _____ | M / F |
| 8. _____ | M / F | 20. _____ | M / F |
| 9. _____ | M / F | 21. _____ | M / F |
| 10. _____ | M / F | 22. _____ | M / F |
| 11. _____ | M / F | 23. _____ | M / F |
| 12. _____ | M / F | 24. _____ | M / F |

RATE WORKSHEET

The cost is **\$90/person**. As a courtesy to your group, for every eight (8) youth in your group, one (1) adult leader can come for FREE!

All deposit and registration fees from participants is to be collected by the group leader. Please send ONE PAYMENT for the deposit by February 1st. The balance is due on or before event registration.

Number of Youth male _____ female _____ x \$90 = \$ _____

Number of Leaders male _____ female _____ x \$90 = \$ _____

Total deposit (minus Leader Discount) **\$25/person** = \$ _____

BALANCE DUE = \$ _____



CAMPER REGISTRATION

Health History and Parent/Camper Consent

Mail To: Streamside Camp, 303 Possinger Dr., Stroudsburg, PA 18360
Questions? contact: (570) 629-1902 or winterblast@streamside.org

Church Name _____

Camper's Name _____ Gender M / F DOB ____ / ____ / ____

Parent/Guardian Name _____ Relation _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Email _____

Emer. Contact _____ Relation _____ Phone _____

Family Physician _____ Phone _____

Date of last physical exam ____ / ____ / ____ Do you carry family medical/hospital insurance? Yes No

If so, indicate: Carrier _____ Phone _____

Policy/Group # _____

CONFIDENTIAL: We respect your privacy. This form is intended to provide necessary medical information to care for the well being of your child. It is reviewed by the camp nurse and possibly your child's cabin counselor, if appropriate. In the event of an emergency, it may also be reviewed by medical personnel, camp administration, office staff, and transportation personnel.

<p>ALLERGIES AND CONDITIONS Indicate severity of all that apply</p> <p>Mild: no medication required (ex: rash resolves on its own) Moderate: medication may be required (ex: Benadryl for hives) Severe: life threatening (ex: carries a bee sting kit)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">SPECIFY</td> <td style="width: 15%;">MILD</td> <td style="width: 15%;">MODERATE</td> <td style="width: 15%;">SEVERE</td> <td style="width: 40%;">ADDITIONAL COMMENTS:</td> </tr> <tr> <td>Hay Fever</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>Ivy Poisoning</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>Insect Stings</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>Penicillin</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>Medication</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>Asthma</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> </table>	SPECIFY	MILD	MODERATE	SEVERE	ADDITIONAL COMMENTS:	Hay Fever	_____	_____	_____		Ivy Poisoning	_____	_____	_____		Insect Stings	_____	_____	_____		Penicillin	_____	_____	_____		Medication	_____	_____	_____		Asthma	_____	_____	_____		Other	_____	_____	_____		<p>FOOD ALLERGIES AND DIETARY RESTRICTIONS Streamside will accommodate for food allergies and special diets to the best of our ability if information is received at least two (2) weeks prior to encampment. Please list food restrictions or allergies, the severity of the reaction and any medical interventions necessary (epi-pen, Benadryl, etc.):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">RESTRICTIONS/ALLERGY</td> <td style="width: 35%;">REACTION</td> <td style="width: 30%;">INTERVENTION</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>ADDITIONAL COMMENTS:</p>	RESTRICTIONS/ALLERGY	REACTION	INTERVENTION	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<p>DISEASES AND CONDITIONS (Check all that apply, please give appropriate dates)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>_____ Frequent Ear Infections</td> <td>_____ Chicken Pox</td> </tr> <tr> <td>_____ Heart Defect/Disease</td> <td>_____ Measles</td> </tr> <tr> <td>_____ Convulsions/Seizures</td> <td>_____ German Measles</td> </tr> <tr> <td>_____ Diabetes</td> <td>_____ Mumps</td> </tr> <tr> <td>_____ Bleeding/Clotting Disorders</td> <td>_____ A.D.D./A.D.H.D.</td> </tr> <tr> <td>_____ Hypertension</td> <td>_____ Bedwetting</td> </tr> <tr> <td>_____ Mononucleosis</td> <td>_____ Sleepwalking</td> </tr> <tr> <td>_____ Hepatitis</td> <td>_____ Other _____</td> </tr> </table> <p>ADDITIONAL COMMENTS:</p>	_____ Frequent Ear Infections	_____ Chicken Pox	_____ Heart Defect/Disease	_____ Measles	_____ Convulsions/Seizures	_____ German Measles	_____ Diabetes	_____ Mumps	_____ Bleeding/Clotting Disorders	_____ A.D.D./A.D.H.D.	_____ Hypertension	_____ Bedwetting	_____ Mononucleosis	_____ Sleepwalking	_____ Hepatitis	_____ Other _____	<p>MEDICATION All medications must be turned in to the Camp Nurse and must remain in the original pharmacy labeled container that bears the camper's name on it, loose pills will not be accepted. Be sure containers are clearly marked with:</p> <ul style="list-style-type: none"> • the name of the prescribing physician, • the name of the Medication, • the dosage and strength, and • how often the medication is to be taken. <p>Our Camp Nurse will have most over-the-counter medications available. Unused medications will be returned at the end of camp.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>ADDITIONAL COMMENTS:</p>																																				
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<p>Tetanus shot - last vaccination date ____ / ____ / ____</p> <p>Operations or serious injuries (dates) _____</p> <p>Disability, chronic or recurring illness _____</p> <p>Any specific activities to be encouraged or limited by physician's advice _____</p>																																																					

AUTHORIZATION FOR TREATMENT AND CONSENT

IMPORTANT - This release form MUST be signed for attendance

I hereby give permission to the medical personnel selected by the Streamside Camp director to order X-rays, routine tests, and transportation as deemed necessary for me/my minor child. If I am unable to be contacted in an emergency, I hereby give permission to the medical personnel selected by the Streamside Camp director to secure and administer treatment, including hospitalization, for the person named above. This health history is correct to the best of my knowledge, and may be photocopied for trips off camp. The person herein described has permission to engage in all prescribed camp activities except as noted. I understand that there are risks inherent in camp activities and agree to hold BCM International/Streamside Camp and Conference Center, its staff, volunteers, directors and officers blameless in all instances. Should it become necessary for me/my child to return home for medical or disciplinary purposes, I will arrange for transportation at my expense within four (4) hours of the request. I agree to allow BCM International/Streamside Camp and Conference Center to use audio, video, still pictures and stories of myself and/or my child for promotional purposes. By my signature, I consent to these statements and grant such authorizations.

SIGNATURE of parent/guardian or adult camper _____ Date ____ / ____ / ____