

FAR CAMP 2023 APPLICATION

Last Name: _____ First Name _____ Preferred Name Tag _____

Age at start of camp: _____ Grade of school completed (up to 12th) _____

Address: _____

City: _____ State: _____ Zip code: _____

Parent names: (if camper is under 18) _____

Email

Camper e-mail _____

Parent e-mail (if under 18) _____

Phone Numbers:

Camper Cell (Optional) _____

Parent Phone Number (if camper is under 18) _____

Emergency Contact Phone _____ Name/Relationship _____

T-shirt size (circle one): Adult Unisex: S M L XL XXL Other _____

Food Allergies / Dietary restrictions or preferences:

Camper's Agreement

I look forward to a week of Bible study and fellowship and agree to abide by all rules of the camp, including: (Please initial each rule, indicating you understand and accept)

- Attendance of all scheduled events is expected. Exceptions require prior approval.
- No cell phones or entertainment devices. These will be collected at check-in and returned at check-out. There will be cell phones available for emergencies.
- Casual clothing will be acceptable for daily wear at camp. Modest clothing is expected. Knee length shorts are allowable (knee length when sitting).
- Respectful attitude and speech toward other campers, teachers, counselors and staff and respect for the property of the school, and other campers is expected.

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MEDICAL INFORMATION

FAR Camp operates under supervision of the New York State Health Department.
Please answer carefully and note information about medications

Last Name/ First Name/ Date of Birth _____

Medication Allergies: _____

Health History-Please circle any that apply, or give us any pertinent information (see below) that will help us keep with general health or in an emergency.

Hospitalizations, Surgeries, Asthma, Allergies, Sinus Infections, Headaches, Earaches, Dizziness/
Fainting, Heart trouble, Seizures, Urinary infection, Diabetes, Blood condition,
Eye Condition, Physical handicaps, Injuries, Breathing difficulties

1. Explain any of the conditions checked above: (Can use back of the page)
2. Describe medications taken in the last 12 months for the condition checked:
3. Is camper currently taking any medication(s)? NO / YES.
If yes, please state name of medication(s) and dosage.

Check expiration dates and send medications to camp in their container with the pharmacy label

Do you give permission for the camper to receive first aid at camp? Yes No

Do you give permission for the camper to take any of these non-prescription medications/
products?

_____ Pain Relief or Fever Control (Tylenol, Advil, etc.)

_____ Decongestant (Sudafed, etc.) _____ Sunscreen

_____ Antihistamine (Benadryl, etc.) _____ Bug Spray

Does the camper wear any type of medical alert identification? NO / YES

(If yes, attach a note from the physician for permission to attend this camp and an explanation of what is to be done in an emergency)

Release to treat at medical facility: I HEREBY AUTHORIZE PHYSICIANS, NURSES AND ASSISTANTS OF THE LOCAL HOSPITAL TO PERFORM ALL TREATMENTS AND PROCEDURES AS ORDERED AND DEEMED NECESSARY IN CASE OF AN EMERGENCY UPON:

_____ Date _____

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New York State requires us to provide vaccination records, including the Covid Vaccine.
Please include dates of vaccination or state that the camper is unvaccinated.

Campers will not be denied permission to attend due to absence of vaccination.

Diphtheria

Measles

Rubella

Haemophilus Influenza Type B

Mumps

Tetanus

Hepatitis B

Poliomyelitis

Covid - 19 Type:

Dose 1:

Dose 2:

Booster:

Please send Photocopy or picture of Insurance Card, front and back, if applicable