

# SUPERCAMPERIFIC 2022

## CAMPER REGISTRATION

WEEK ATTENDING  
 — June 13 - 18 Grades 7,8,9,10  
 — June 20 25 Grades 3,4,5,6

Boy \_\_\_ Girl \_\_\_ Grade (Fall of 2022) \_\_\_ Is this camper's first year to go to a camp? \_\_\_  
 Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Father \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mother \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Church you attend regularly \_\_\_\_\_  
 Bunkmate Request \_\_\_\_\_

**Only ONE person will be guaranteed as bunkmate. The camper requested must also have the same request on their registration form.** We will try to place all friends attending for the first-time in the same cabin, however, there is no guarantee since all cabins are divided equally according to ages and grades.

### CAMP FEES

The cost for one week of camp is \$225. This includes accommodations and meals. It does not include the camp shirt. Only registration forms with full payment will be accepted. The deadline for registering is May 31.

**Checks should only be made payable to Supercamperific and mailed to:**

**Supercamperific, 4628 Del Mar Ct., Greenwood, In 46142** For more info call Terry Foster (317) 258-9108.

### CAMP T-SHIRTS

Camp t-shirts are \$15 and are not included in the camp fee. If you would like to order a camp t-shirt, complete the t-shirt order form. To receive the shirts from the t-shirt company in time for camp, all shirts must be ordered and paid for by June 9th. The payment for the t-shirt can be added to the check for registration.

### CAMPER COMMITMENT

*I promise to be the best camper possible by obeying the rules of the camp, respecting and obeying my counselor, participating in camp activities, paying attention in all services, keeping a good attitude, not complaining or whining about the program, food, or weather, and to brush my teeth & shower every day. I understand that violation of these rules may result in my dismissal from camp.*

X \_\_\_\_\_ Date \_\_\_\_\_

### PARENT COMMITMENT

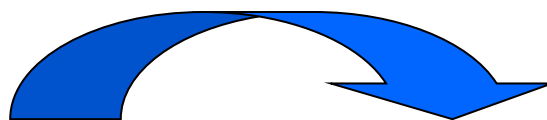
*I have read the brochure and promise to help make this week of camp the best possible for my child to develop a personal relationship with Jesus Christ by praying for them and their counselors and by refraining from visiting the camp so that they will remain focused on the camp program and services. I understand every effort will be made to contact parents or guardians of campers in case of an emergency. In the event that I cannot be reached, I hereby give permission to the physicians selected by the director to hospitalize, secure proper treatments and/or surgery as needed. I also release the directors and workers of the camp from any and all liability, claims or demands for personal injury, sickness, or death of my child. As the parent/legal guardian of this camper, I hereby grant my permission for my child to participate fully in all camp activities and promise to assume the responsibility for any negligent or willful acts by my child. I also give permission for any photos of my child taken during the week to be used in future publications.*

X \_\_\_\_\_ Date \_\_\_\_\_

**Please complete the medical information on back side.**

#### FOR STAFF USE ONLY

Date Camp Fee Paid \_\_\_\_\_  
 Check # \_\_\_\_\_ Check Amount \_\_\_\_\_



# MEDICAL INFORMATION

Camper \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_

The following information must be filled in by the parent/guardian. The intent of the information is to provide Supercamperific's health care personnel the background to provide appropriate care. All information will be kept strictly confidential. Any changes to this form should be provided to camp health care personnel upon camper's arrival at camp. Our registered camp nurse is the only person that is allowed to administer prescription medicine.

Is the camper covered by family medical/hospital insurance? \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_  
Name of Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_

In case of emergency, we will attempt to contact the parents or guardians first. If unsuccessful, who do we call?  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## ALLERGIES:

- \* Medication allergies \_\_\_\_\_  
Reaction & management of reaction \_\_\_\_\_
- \* Food allergies \_\_\_\_\_  
Reaction & management of reaction \_\_\_\_\_
- \* Other allergies \_\_\_\_\_  
Reaction & management of reaction \_\_\_\_\_

## MEDICATIONS BEING TAKEN:

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

\_\_\_\_\_ This camper takes NO medications on a routine basis.

\_\_\_\_\_ This camper takes medications as follows:

- \* Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Times taken each day \_\_\_\_\_  
Reason for taking - \_\_\_\_\_
- \* Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Times taken each day \_\_\_\_\_  
Reason for taking - \_\_\_\_\_
- \* Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Times taken each day \_\_\_\_\_  
Reason for taking - \_\_\_\_\_

If the camper complains of illness, he/she can take: (check all that are permissible)  
\_\_\_\_\_ Tylenol \_\_\_\_\_ Ibuprofen (Advil) \_\_\_\_\_ Benadryl \_\_\_\_\_ Cough Syrup \_\_\_\_\_ Tums/Roloids

## RESTRICTIONS:

Please list any restrictions to activity or diet for this camper \_\_\_\_\_

PEDIATRICIAN/DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

A registered nurse is always present at camp. Other camp personnel are also trained for medical emergencies. All medications must be turned in to the camp nurse at the beginning of camp with full instructions. In case of any illness or emergency, you will be notified immediately.

For more information, contact Terry Foster, Camp Director, 317-258-9108  
E-mail - terry.foster316@gmail.com