Registration Form – Camp Logos 2026

July 26-July 31 at Ohio's *Tar Hollow State Park* Resident Camp
16396 Tar Hollow Road, Laurelville, Ohio 43135
www.CampLogos.org | Lodge: (740) 887-4815 | Park: (740) 887-4818

- Make checks payable to: Camp Logos. Total Cost: $225. Free Camp Logos T-shirt (or other gift) for every camper registered before May 1. For families with more than (3) children going to camp, the 4th, 5th, etc. go for free.
- Mail check & completed registration form (front & back) to Steve Benson, Camp Logos Lodge Director, at 2534 Pattonsville Rd., Jackson OH 45640. For Questions, contact Steve at (740) 503-3083

Please fill this form out (front & back) in black ink and be sure to fill in all the blanks:

Camper Name _____ (Name Called) _____

Male ___ Female ___ Grade as of January 1 _____ Birth date _____ Age at camp _____

Mother/Guardian Name _____ Father/Guardian Name _____

Home Address _____

Home Phone _____ Daytime Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____ Phone _____

2nd Emergency Contact _____ Relationship _____ Phone _____

Medications Being Taken

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Bring only medicines to camp that require prescriptions. We will administer the non-prescription medications to campers upon their request or instruction from parent/guardian. **Bring prescription medicines in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.**

____ This person takes NO medications on a routine basis. ____ This person takes the following medications:

Med #1 _____ Dosage _____ Time(s) taken daily _____

Reason for taking _____

Med #2 _____ Dosage _____ Time(s) taken daily _____

Reason for taking _____ *Attach additional page if additional medications are taken.*

Parent/Guardian Authorization: I hereby acknowledge that all information on this form is correct and complete as far as I know, and agree to notify Camp Logos if any change occurs in my child's medical condition before arriving at camp. I give permission for the camper listed on this form to engage in all camp activities except as noted above. I also give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment if necessary (including necessary transportation and release of medical records for insurance purposes). In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. I hereby waive and release Camp Logos and its staff from any and all liability for any injury or illness incurred at camp. I also give permission for the camp to use any pictures of the above mentioned minor on their website or in printed materials for info/ promotional purposes. Finally, I give permission for this camper to be transported to and from Camp Logos by adult chaperones.

Signature of custodial parent/guardian_____Date_____

Printed Name _____

Amount enclosed: $_____ or Sponsor (Individual/Church): _____

Please also complete health history form located on back or separate attached sheet

Camper Health History:

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your child's needs.

Allergies: List all known medical and food allergies. Only list food allergies if reactions are severe or fatal.

_____
_____
_____

Special Diet: If your child requires a doctor prescribed diet, please indicate diet and reason below.

_____
_____
_____

(please attach sample menu or special food list.)

Explain any restrictions of participation in full camp program/activities: _____
_____

General Questions: The remaining information may help healthcare workers in case of an emergency.

(Explain "yes" answers below.) Has/does the participant:

1. Have a chronic or recurring illness/condition?	Y___N___	11. Ever had high blood pressure?	Y___N___
2. Ever been hospitalized?	Y___N___	12. Ever been diagnosed with a heart murmur?	Y___N___
3. Have frequent headaches?	Y___N___	13. Ever had back problems?	Y___N___
4. Ever had a head injury?	Y___N___	14. Wear glasses, contacts or protective eyewear?	Y___N___
5. Ever had frequent ear infections?	Y___N___	15. Have an orthodontic appliance at camp?	Y___N___
6. Ever passed out during or after exercise?	Y___N___	16. Have any skin problems (itch/rash/acne/etc)?	Y___N___
7. Ever been dizzy during or after exercise?	Y___N___	17. Have diabetes?	Y___N___
8. Ever had chest pain during or after exercise?	Y___N___	18. Ever had an eating disorder?	Y___N___
9. Ever had seizures?	Y___N___	19. Have emotional difficulties for which professional	
10. Have asthma?	Y___N___	help was sought?	Y___N__

Please explain any "yes" answers, noting the number of the question(s):

_____
_____
_____

Use the space below to provide any additional information about the camper's behavior and physical, emotional, or mental health about which the camp should be aware:

_____
_____
_____

Are camper's **Immunizations** (Tetanus, MMR, Hepatitis B, Polio, DPT, and Chickenpox) up to date? Y___ N___

Name of camper's pediatrician or family doctor _____

Office phone _____ Address _____

Insurance Information: Company _____ Policy/Group# _____

Address _____

Name of Insured _____ Relation to camper _____