



# Registration Form – Camp Logos 2024

July 28-August 2 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 4<sup>th</sup>, 5<sup>th</sup>, etc. go for free.
- ❖ Mail check & completed registration form (front & back) to Steve Benson, Camp Logos Lodge Director, at 23473 St Rd 93, Wellston, OH 45692. 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 \_\_\_\_\_

2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**COVID-19:** For the safety of all at camp, if your child shows any symptoms related to Covid-19 (fever, loss of taste or smell, etc.) within 10 days before camp, please keep them home.

### 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.

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

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(please attach sample menu or special food list.)

**Explain any restrictions** of participation in full camp program/activities: \_\_\_\_\_

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**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):

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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:

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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 \_\_\_\_\_