

### Faith Church Camper Information

If you are coming to camp with someone else (ie a roommate, spouse, or other family members), please fill out separate forms for each, and tell us if you're rooming together.

Name: \_\_\_\_\_ Deposit \_\_\_\_\_ Balance \_\_\_\_\_

Mailing address \_\_\_\_\_

Email address \_\_\_\_\_

Phone # \_\_\_\_\_ This a cell phone that receives texts \_\_\_\_\_

\*Kids under 17: Adult responsible for you while at camp: \_\_\_\_\_

Age \_\_\_\_\_ Grade completed as of June 2021(if under 19): \_\_\_\_\_

Gender (optional): \_\_\_\_\_ Birth date: \_\_\_\_\_

I need sleeping accommodations for: \_\_\_\_\_ Fri (9/3) \_\_\_\_\_ Sat (9/4) \_\_\_\_\_ Sun (9/5)

#### Room Arrangements

- I understand that camp staff will do their best to accommodate reasonable requests in order to make camp as comfortable as possible, and that Pastor Karen and Scott Evenson will do their best to make rooming arrangements that work for you or you and your family. Adults will not be expected to sleep on a top bunk bed, but may be asked to sleep on a lower bunk, if willing and it works best that way for the family.
- I am willing to sleep on a twin size bed (only a limited number of full/queen size beds)
- I am willing to sleep on a lower bunk bed.
- I'm attending camp with family and we are willing to stay in the same room that will include multiple bed arrangements (may include queen/full/twin/bunk beds).

**Family members include** (check Adult or Child and which nights staying at camp):

\_\_\_\_\_ Adult \_\_\_\_\_ Child \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun

\_\_\_\_\_ Adult \_\_\_\_\_ Child \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun

\_\_\_\_\_ Adult \_\_\_\_\_ Child \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun

\_\_\_\_\_ Adult \_\_\_\_\_ Child \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun

- I am attending camp on my own and am willing to have a roommate that is not part of my household group.
- I have other considerations I'd like you to be aware of (ie "need a plug in because I have a CPAP machine", etc):
- I'm the parent of a minor that may room with the responsible adult listed above.

**Dietary needs**

(food allergies, restrictions, vegetarian, lactose intolerance, etc)

- o None
- o Yes, I have dietary needs

If "yes": My dietary needs include: \_\_\_\_\_

Help us understand more about other health needs or concerns (impairments, injuries, health issues, etc.). *We respect your privacy; whatever you share will be held in confidence by Pastor Karen and Scott and the Northern Pines camp director.*

**No requirement to share, but check all that apply, if you feel we need to be aware:**

- o No Health Concerns
- o Allergies (bee stings, medications, etc) \_\_\_\_\_
  - o I have an epi-pen I'd like staff to be aware of \_\_\_\_\_
  - o I have other medications I'd like staff to be aware of \_\_\_\_\_
- o Physical impairment or disability I'd like you to be aware of/need accommodations for:

\_\_\_\_\_  
\_\_\_\_\_

o Other \_\_\_\_\_

Please provide additional information as needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Information**

Full name of emergency contact person \_\_\_\_\_

Relationship to emergency contact: \_\_\_\_\_ Are they at camp, too? \_\_\_\_\_

Phone # \_\_\_\_\_ This a cell phone that receives texts \_\_\_\_\_

**Parent or guardian signature required if camper is under 18:**

X \_\_\_\_\_