

**2020 Registration Form**

**Southminster Presbyterian Church**

Located at: 7500 Hull Street Road Richmond, VA 23235

**August 3 - August 7, 2020**



\_\_\_\_\_ Full Day Program : **\$150 per camper** (8am - 5pm)

You can register online at [www.camphanover.org/southminster2020](http://www.camphanover.org/southminster2020)

**Your Camper will need to bring a NUT FREE Packed lunch each day to camp as well as a water bottle. Southminster Presbyterian Church is providing snack to all campers.**

Does your child have a **food allergy**? \_\_\_\_\_ If so please indicate the allergen(s) and the severity \_\_\_\_\_

Does your child carry an epi-pen? \_\_\_\_\_ What is their epi-pen for? \_\_\_\_\_

Does your child use other rescue meds due to food allergies or other triggers? \_\_\_\_\_

concerns about your child's allergies or medical conditions that could impact their day camp experience please contact the Day Camp Director: Kaylyn McGhee at [kaylyn@camphanover.org](mailto:kaylyn@camphanover.org)

Camper Name \_\_\_\_\_ Gender  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade in September 2020 \_\_\_\_\_ Age at Camp \_\_\_\_\_

Church Home \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_

Phone 1 \_\_\_\_\_  Cell  Home  Work

Phone 2 \_\_\_\_\_  Cell  Home  Work

Parent/Guardian 2 : \_\_\_\_\_

Phone 1 \_\_\_\_\_  Cell  Home  Work

Phone 2 \_\_\_\_\_  Cell  Home  Work

Emergency Contact (Other than Parent/Guardian): \_\_\_\_\_

Phone 1 \_\_\_\_\_  Cell  Home  Work

Phone 2 \_\_\_\_\_  Cell  Home  Work

Relationship to Child \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please enclosed the complete fee as indicated above:**

**REGISTRATION DEADLINE: July 22nd**

**Please bill my**  Visa  MasterCard  American Express  Discover  Enclosed Check

Card # \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

*Please make checks payable to Camp Hanover.*

**RETURN BY JULY 20, 2020 TO:**

Camp Hanover Attn: Day Camp Director  
3163 Parsleys Mill Road, Mechanicsville, VA 23111

For any questions contact the Day Camp Director, Kaylyn McGhee at [kaylyn@camphanover.org](mailto:kaylyn@camphanover.org)

Cancellation Policy: Cancellations must be received in writing 30 days prior to the first day of Day Camp. Full refund less \$25.

However, during this time of uncertainty - should camp not happen this year there will be an option to get a full refund, donate the fees as a gift to camp, or save it to apply for next years camp experience. **WE WANT TO SEE YOU ALL AT CAMP THIS SUMMER!**

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## Day Camp Get to Know Me - Camper

For:

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Please take a few minutes to tell us about yourself. The information you provide will be shared with your counselors to help them get to know you a little better before you arrive at camp. Your answers will also help your counselors get ready so you can have an awesome time at camp. If you need more room to answer the questions, please attach an additional page. Thanks!

I attend church

Regularly

Rarely

Often

I don't attend church

Occasionally

I've never been to church

I attend a church youth group

Regularly

Rarely

Often

I don't attend a church youth group

Occasionally

I've never been to a church youth group

At school, I like to learn about:

At school, I am involved in the following activities:

Some of the things I like to do when I'm at home are:

Something I don't like doing at home is:

I am really proud of my skill in, talent, or ability to:

I am coming to Camp Hanover because:

Related to camp, I am most excited about:

Related to camp, I am a little anxious or nervous about:

The most important thing my counselors should know about me is:

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Day Camp Get To Know Me - Parent

For:

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### Get to Know Me Form

We want your child to have the best possible experience at Camp Hanover. You can help with that by providing some information to help us get to know your child a bit better before he or she arrives.

Has your child attended summer camp before (at Camp Hanover or another camp)?  Yes  No

If yes, was it a Day Camp, or Resident Camp?  Day Camp  Both  
 Resident Camp

Has your child ever experienced homesickness?  Yes  No

If yes, are there tips or suggestions that have been helpful to your child in the past?

What can you tell us about your child's personality traits, as they relate to participating in small group community living?

Have there been any life changing events in your child's life in the past year? (For example: parents' divorce; death of a family member, friend or pet; a move or change in household.)  Yes  No

If yes, what do you think we should know about this event to best serve your child?

What are the outcomes that you as parent/guardian hope your child will gain from the camp experience?

What are you most excited about for your child and his or her upcoming camp experience?

What concerns do you have about your child and/or his or her upcoming camp experience?

What is the most important thing we could do for you and your child while he or she is at camp?

What else do we need to know so that we can help your child and provide a great camp experience for him or her?

## Day Camp Health History

For:

### HEALTH HISTORY

We strive to make Camp Hanover a safe place for our campers. One way we do that is to have you complete a health history for your child so that we can provide appropriate care during his or her stay and be better prepared in the event of an emergency. Information collected on this form is kept confidential and used by our Health Center staff (or emergency medical personnel). Campers are not singled out, made to feel embarrassed or treated differently because of information gathered on this form. Rather, the more information you provide, the easier it is for us to help your child have a successful experience at camp.

A completed Health History is required in order to participate in any Camp Hanover program. Camp Hanover is accredited by the American Camp Association for the safe operation and high quality of our programs. As an accredited camp, we are required to collect a health history from all participants (including staff, adult participants and campers who are minors). Please fill out this form as completely as possible.

### INSURANCE

Is the participant covered by family medical/hospital insurance?  Yes  No

If yes, please indicate the carrier or plan name.

Phone Number of Insurance Company

Group or Policy #

Name of Insured

Relationship to Participant

Policy Holder's Insurance ID or Social Security Number

### ALLERGIES

Does the participant have any known allergies?  Yes  No

If yes, what is the participant allergic to?

For each allergy above, please provide information about the onset and severity of the allergic reaction, and how the reaction is treated.

### ACTIVITY OR DIETARY RESTRICTIONS

Day Camp Health History (continued)

For:

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Does the participant have any activity or dietary restrictions?  Yes  No

Activity Restrictions - Please be specific:

Dietary Restrictions - List any foods that participant cannot have and why

### Medications

If the participant will be taking medications while at camp, the Health Center Staff will collect all medications at Check-In. Please keep all medications in their original, labeled bottles or packaging. On prescription medications (including EpiPens), the label must show the participant's name, the prescribing physician, the name of the medication, the dosage, frequency of administration, and that the medication has not reached its expiration date. Over-the-counter medications are administered according to the dosage instructions on the package, unless alternate dosage instructions are provided in writing by a physician.

Will the participant be taking medications while at camp? (Please note medications include prescription, over-the-counter, vitamins, inhalers, EpiPens, etc.)  Yes  No

If yes, please list the medication, dosage, and reason for taking.

Are there any medications that the participant takes on a regular basis that he or she will not be taking at camp?  Yes  No

If yes, please provide information about the condition being treated.

Camp Hanover has treatment protocols written by a physician which instruct the Health Center staff to manage illness, injury and minor medical conditions with non-prescription pain relievers and other over-the-counter medicines (i.e. Tylenol, Advil, Robitussin, Pepto Bismol, etc.). **Please list any medications you DO NOT want administered to the participant:**

Please provide any additional information about the participant's behavior and physical, emotional or mental health of which the camp staff should be aware

### IMMUNIZATIONS

Has the participant had all immunizations that are required to attend school, and are these immunizations up to date? If you are unsure, check with your physician to confirm dates. Minimum requirements for immunizations can be found at <http://www.vdh.virginia.gov/epidemiology/immunization>  Yes  No

Date of Last Tetanus Shot

### AUTHORIZATION FROM PARENT/GUARDIAN/ADULT PARTICIPANT

Do you give permission for your child to leave the grounds of the sponsoring church during Day Camp for program activities, accompanied by authorized Camp Hanover personnel and driven by camp approved drivers.  Yes  No

Day Camp Health History (continued)

For:

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Do you give consent for Camp Hanover to photograph and video your child, and for those photos and/or videos to be used in future Camp Hanover approved publicity?  Yes

No

Do you give consent for your child to participate in all Camp Hanover activities, unless otherwise noted in this health form?  Yes

No

By signing this form, I consent to Camp Hanover's Day Camp Director and/or designated staff to administer authorized medication, first aid, and/or emergency treatment to my child. In addition, when neither parent, guardian nor emergency contact person can be located, I give permission and consent to Camp Hanover's Day Camp Director and/or designated staff to provide or arrange transportation for my child when, in their opinion, such services are needed. I also consent to the release of medical records and medical information in order to secure medical care and/or payment of services.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Parent / Guardian Release

For:

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Name of Parent / Guardian?

### PARENT / GUARDIAN / ADULT PARTICIPANT RELEASE

In signing this release, I give permission for this child/me to:

- attend camp at Camp Hanover
- leave the grounds of Camp Hanover, accompanied by authorized camp personnel, for approved out-of-camp activities
- be transported in camp approved vehicles, driven by camp approved drivers for camp approved activities
- to be photographed/interviewed/recorded and the resulting photo/interview/recording to be used in/on Camp Hanover approved publicity/websites
- fully participate in all approved camp activities even though they may involve some risk.

In addition:

- I consent and give permission to Camp Hanover's medical personnel and designated staff to administer over-the-counter medications to this participant in accordance with the treatment protocols as outlined by the camp physician.
- I consent and give permission to Camp Hanover's medical personnel and designated staff to administer authorized medications, first aid, and/or emergency treatment to my child/me.
- I give permission and consent to Camp Hanover's medical personnel and designated staff to provide or arrange transportation for me/my child and to select and consent to health care providers evaluating, testing, treating and or hospitalizing me/my child when in their opinion such services are needed.
- I consent to the release of medical records and medical information in order to secure medical care and/or payment for medical services.

Do you give consent as outlined above?

Yes

No

Signature \_\_\_\_\_

Date \_\_\_\_\_