

# Registration

Quick and simple registration available Online: [WWW.ALTAMONS.ORG](http://WWW.ALTAMONS.ORG)

## Registration Form

### Participant Information:

Participant's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Gender:  Male  Female / Age (as of camp) \_\_\_\_\_ / Grade (Fall) \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_

Will the participant require special assistance?  yes  no  
If so please contact the camp office before sending in this form.

Camper is a member of \_\_\_\_\_ Church  
If UMC, indicate which District:  Roanoke  Danville  Lynchburg  Other \_\_\_\_\_

### Parent or Guardian Information:

Parent/Guardian Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Additional Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parent/Guardian E-mail Address: \_\_\_\_\_

**PHOTO PERMISSION: I give permission for photos of activities, which may include me, to be used in camp promotional or newsletter materials without liabilities or numeration.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If under 18**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Payment Information: (please include address associated with the payment, if different from above)

Check: \$ \_\_\_\_\_ Donation: \$ \_\_\_\_\_  
Visa:  MC:  Disc:  CARD # \_\_\_\_\_ Exp Date \_\_\_\_\_ Amt. Charged \$ \_\_\_\_\_ Donation: \$ \_\_\_\_\_  
Last 3 numbers in signature strip: \_\_\_\_\_ Address of card: \_\_\_\_\_  
Print Name on Card: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Campership Assistance:** *Please contact the camp office for information about guidelines.*

Is Scholarship Assistance Needed?  YES (If so see below)  NO

**TO BE FILLED OUT BY PASTOR or SOCIAL WORKER BEFORE MAILING TO CAMP OFFICE**

Scholarship Approval:

Amount contributed by Church/Agency \$ \_\_\_\_\_ (at least 1/3 cost of the camp)

Amount Requested from Camp Alta Mons \$ \_\_\_\_\_

Signature of Pastor/Social Worker: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Church or Agency: \_\_\_\_\_

*Confirmation notices, including outstanding balance, will be sent to the "parent/guardian" unless otherwise noted.*

*\*Registration Fee must accompany form to be processed.\**

# Registration Continued

## Health Form

### Emergency Medical Information

Participant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Who to call if unable to contact *parents/guardians*: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital Preference due to insurance when possible:  Mont. Regional  Lewis Gale  Carilion  
 Other: \_\_\_\_\_

### Required Medications:

Yes \_\_\_\_\_ (list below or write "none" – leave no blank spaces)

Medication Name: \_\_\_\_\_

(When) \_\_\_\_\_ (Dosage) \_\_\_\_\_

Medication Name: \_\_\_\_\_

(When) \_\_\_\_\_ (Dosage) \_\_\_\_\_

### Past History:

Last Tetanus Shot Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month and year **required**)

Last Health Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month and year **required**)

Medical History (major past illnesses, surgery or condition w/ general dates): \_\_\_\_\_

Allergies: \_\_\_\_\_

Fears: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Comments/Other Instructions: \_\_\_\_\_

### MEDICAL RELEASE:

Camp Alta Mons has my permission to provide medical treatment for: (participant's name) \_\_\_\_\_  
in case of medical emergency.

Participant Signature: \_\_\_\_\_

If under 18

Parent or Guardian Signature: \_\_\_\_\_

### Assumption of Risk and Release

Be aware that you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of Alta Mons activities, on or off its premises. My participant, \_\_\_\_\_, has permission to participate fully in all camp related activities "by choice", knowing that there are inherent risks in any outdoor adventure program and that the activity is under supervision of counselors and/or specialized program staff. Please list any individual/unit activities in which the participant cannot participate: \_\_\_\_\_ (write "none" if none, leave no blank spaces). "By choice" means a participant is encouraged and chooses to challenge himself/herself, with supervision, at a new or expanded personal level of an activity. Example: Participant chooses to only take pictures of the group fishing rather than actually fishing.

*\*must be signed by participant and parent/guardian if under 18*

\_\_\_\_\_  
participant signature

\_\_\_\_\_  
print name

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
print name

### Check List: Have you?....

Read all information

Completed Health Form

Enclosed Registration Fee

Completed Registration Form

Filled all blank spaces