

Himmelbjerget Danish Camp Registration Form



Camper _____ Age _____ Sex _____
First Middle Last Grade Completed

Address _____ City _____ State _____ Zip _____

Parents Home Phone _____ Work Phone _____ Cell Phone _____

Parents E-mail _____ Campers E-mail _____

Parent or Guardian (names) _____

Person to contact if parents cannot be reached _____ Relationship _____

Home Phone _____ Work or Cell Phone _____

Person bringing camper **to** camp _____

Person who will pick up camper **from** camp _____

Where did you hear about camp? (circle) Internet BIEN DBIA DSS Danish Pioneer Other _____

Will camper bring own bedding? ☐ Yes ☐ No Does camper speak Danish? ☐ Yes ☐ No

T-shirt size (circle) - adult sizes only S34-36 M38-40 L42-44 XL46-48 XXL

By their signature, parents or guardians release the NWDA of liability if their child is injured, falls ill or is disabled during the course of camp as well as grant the right to photograph my child and use the photo reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet.

Signature of parent or guardian _____

➔ Camper Health Information

Camper _____ Birth Date _____ Emergency Phone _____

Family Doctor _____ Phone _____

Present medication (camper must bring medications to camp) _____

Special diet requirements: (circle) Vegetarian Vegan Allergies Explain _____

Physical, behavioral, or emotional concerns: ☐ Yes ☐ No If yes, please attach an explanation to this form

Allergies including medications: ☐ Yes ☐ No Specify _____

Date of last tetanus shot/booster _____

Family health insurance company _____ Policy No. _____

If you do **NOT** want your child to be given non-prescription pain reliever, if needed, please initial here _____

Medical/Surgical Release: I understand that every effort will be made to contact me if my child needs emergency medical/surgical treatment, but if it is impractical to do so, I HERBY GIVE MY PERMISSION to the physician selected by camp staff to secure proper treatment, to hospitalize, or order injection, anesthesia, X-rays, or surgery for my child as named above.

Signature of parent or guardian _____