

**49<sup>th</sup> Annual Resurgence 242 Youth Camp Registration**  
**July 6 - July 12, 2024**

*Have registration form completed by and sent by June 15th to assure availability*

Camper Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Home address \_\_\_\_\_  
\_\_\_\_\_  
Email address \_\_\_\_\_  
Home Church \_\_\_\_\_

**Guardian Information**

(If the information is not the same as the camper please give the details in the comments)

Name of Parent \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer address \_\_\_\_\_  
Employer phone \_\_\_\_\_  
Comments  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (if parents are unavailable)  
Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_

I authorize the staff of Dunkard Brethren Youth Retreat to transport my child to/from camp as well as: (specify anyone else that can pick up your camper)  
\_\_\_\_\_

Person NOT authorized to take my child from camp: \_\_\_\_\_

**For the Camper** - I understand that this camp is about living in Christian community. All leaders and campers are expected to:

- Respect and interact with one another.
- Respect the guidelines set by YOUTH RETREAT counselors and staff and submit to their direction.
- Wear MODEST and appropriate clothing.
- Behave in a way that is not disruptive to the program and willingly participate and cooperate in camping activities.
- Respect the CURFEW.

The camper's signature below indicates his or her willingness to abide by these guidelines.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Parents:**

I understand that all campers are expected to participate in the camp program and take direction from the Youth Retreat staff/counselors. **Campers who are perceived as threatening to staff or other campers or are consistently unable to follow Camp rules or take directions, could, at the discretion of the Camp Director, be asked to leave. Parents, under these circumstances, would then be contacted to make arrangements to have their camper picked up before the scheduled end of camp.**

I understand that Youth Retreat will provide sunscreen to campers if the camper does not bring their sunscreen.

I give my permission for my child to make special trips and excursions under camp leadership. I permit my child to receive medical care if necessary. I also permit my child's image to be used in future camp promotional materials.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

To fully register your camper, please send:

1. T-Shirt Adult size (circle one) XS S M L XL XXL
2. Completed Health Form
3. Copy of Your Child's Insurance Card
4. Fees are as follows
  - a. Single camper \$165
  - b. Additional campers from the same household \$145 per camper

If you have registration questions call or text Julie Edgecomb at (785) 204-1985

Send all forms and fees to:

Youth Retreat  
C/O Lonnie Edgecomb  
12406 NW 2100 RD  
Garnett, KS 66032

# Dunkard Brethren Youth Retreat

## Camp Health Form

This form must be completed within **24 months** of camp and submitted by June 15. Last year's health form or current school statement are acceptable. Failure to bring this record to camp will require that the camper be checked by a medical professional at the parents' expense.(please print)

### Part I – For parents to complete

Camper Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Date of last visit to physician within 24 months of camp session: \_\_\_\_\_

Camper's Health Insurance Provider: \_\_\_\_\_ Policy# \_\_\_\_\_

Health Insurance Address \_\_\_\_\_ Health

Insurance phone \_\_\_\_\_

The campers own health insurance will provide primary coverage should the camper become sick or injured. Parents will be responsible for any costs that exceed that insurance.

Camper's Doctor \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Doctor's address \_\_\_\_\_

Camper's Dentist \_\_\_\_\_ Dentist phone \_\_\_\_\_

Parents view of child's physical and mental condition \_\_\_\_\_

Health conditions or prescribed medications with directions \_\_\_\_\_

**(Campers who are prescribed medication are required to bring it to camp in it's original bottle with directions. In addition, campers with asthma are required to bring their inhalers.)**

Over-the-counter medications permitted by parents/guardian (ie. Tylenol, Benadryl, etc.) \_\_\_\_\_

Activities I do NOT want my child to participate in \_\_\_\_\_

### Authorization for Emergency Medical Care – Health Insurance Information

I hereby give my permission to camp officials to call a doctor or emergency medical service, and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, \_\_\_\_\_, should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contacts listed on the camp registration form before any action is undertaken. If it is not possible to locate emergency contacts listed, I/We accept the expense of emergency medical or surgical treatment (to the extent that it is not covered by my child's health care insurance)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part II – For physician or nurse practitioner to complete**

Note – This youth camper is planning to attend a week-long resident camp away from his/her time and some distance from care. The camp will have a health supervisor who has at least completed an advanced first aid course. Your response to all these questions will help care for the child. Use the back of this form to record additional information.

Camper Name \_\_\_\_\_ Date \_\_\_\_\_

Past history of serious laceration, injuries, or illnesses \_\_\_\_\_

\_\_\_\_\_ Drug allergies

Other allergies \_\_\_\_\_

Current Medications, including directions \_\_\_\_\_

Special dietary requirements \_\_\_\_\_

Immunizations:

Vaccine	Month/Year given	Vaccine	Month/Year given
Diphtheria-Tetanus-Pertussis		Rubella	
Tetanus-Diphtheria (TD)		Mumps	
Polio		Other	
Measles (hard, red)		Other	

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camping program EXCEPT as follows:

\_\_\_\_\_ Signature of  
physician/nurse practitioner \_\_\_\_\_ Date \_\_\_\_\_

Printed name of physician/nurse practitioner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please attach a copy of your youths health insurance provider card/certificate (front & back)