

**CAMP PARTICIPANT INFORMATION**

Name _____ Age at Camp _____

Address _____ City _____

State: _____ Zip Code: _____ Cell Phone (____) _____

Date of Birth: ____ / ____ / ____ Email _____

Current Grade☐ 6 ☐ 7 ☐ 8☐ 9 ☐ 10 ☐ 11 ☐ 12

At time of registration

Jr. High School**High School****Gender Self-Identification**

An individual has the right to be addressed by the name and inclusive pronoun that matches the person's authentic gender identification

I identify my gender as _____ (e.g. Male, female, transgender, etc.)

What is your preferred pronoun? _____ (e.g. he, she, they, gender neutral, etc.)

Allergies ☐ No Known AllergiesAllergies to: ☐ Food ☐ Medicine☐ Environmental (insect stings, hay fever, etc.) ☐ Other

Please specify allergen and reaction below

EpiPen ☐ No ☐ Yes Expiration Date _____**Diet & Nutrition**☐ Regular Diet ☐ Vegetarian ☐ Lactose Intolerant ☐ Gluten Free ☐ Other _____**Camp T-Shirt Size**☐ Small☐ Medium☐ Large☐ X-Large☐ XX-Large**Camp Sweatshirt Size**☐ Small☐ Medium☐ Large☐ X-Large☐ XX-Large

(Additional Cost for Sweatshirt)

CHURCH AFFILIATION

Home Church Name _____

Pastor Name _____

Pastor's Signature _____

For Registrar Use Only

Date Received: _____

☐ Registration Form ☐ T-Shirt☐ Camp Rules ☐ Photo Release☐ Medical Release☐ Medical Authorization

\$ Received: _____. Check #: _____

Online Payment _____

Region: _____

Cabin: _____ Group: _____

**AT CAMP INFORMATION**Please list any relatives (and their relation to you) who *MAY* be attending camp with you

EMERGENCY CONTACT INFORMATION

Parent/Guardian to be contacted in case of illness or emergency

Name _____ Relationship to Camper _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Email _____

2nd CONTACT

Name _____ Relationship to Camper _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Email _____

HEALTH SUMMARY

Name: _____

☐ Male

Address: _____

☐ Female

City: _____ State: _____ Zip Code: _____ DOB: ____/____/____

Phone#: (____) _____ Home Church: _____

Please Specify (Do not leave blanks. Please write "none" or N/A)

Allergen	Reaction	Anaphylaxis	Expiration Date
1		EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No	
2		EpiPen <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list all handicaps, past hospitalizations and/or serious illnesses: _____

Food Restrictions: _____

My son/daughter may be given: ☐ Tylenol ☐ Advil ☐ Cough Drops ☐ Benadryl

**Asthma History:**Diagnosis (Year): _____ Last Attack (Year): _____ Hospitalization: ☐ Yes ☐ No

Please list triggers for attacks: _____

MEDICAL INSURANCEThe camper is covered by family medical/hospital insurance ☐ Yes ☐ No

Insurance Company _____ Policy Number _____

Subscriber _____ Group Number _____

IMMUNIZATION HISTORY

Vaccine	Date of last Immunization
Diphtheria/Tetanus/Pertussis (DTaP)	
Polio	
Meningococcal (MCV4)	
Measles/Mumps/Rubella(MMR)	
Varicella(chickenpox)/ or date of infection	
Hepatiitis B	

(please provide a copy of the camper's immunization card)

HEALTH HISTORY

Check "Yes" or "No" for each statement. Explain "Yes" answers below

Ever been hospitalized? ☐ Yes ☐ NoEver had surgery? ☐ Yes ☐ NoFainting or Dizziness? ☐ Yes ☐ NoChronic Illness? ☐ Yes ☐ NoMental Health concerns ☐ Yes ☐ NoDiabetes? ☐ Yes ☐ NoSeizures? ☐ Yes ☐ NoAsthma? ☐ Yes ☐ NoHeadaches ☐ Yes ☐ No

Please explain any "Yes" answers in the space below:

COVIDCamper is vaccinated ☐ Yes ☐ NoPositive test in the past ☐ Yes ☐ NoBoosters are up do date ☐ Yes ☐ No



MEDICAL/LIABILITY RELEASE

As the parent or guardian of the above named, I hereby grant permission for attendance as well as authorize the camp staff to make any necessary decisions in case of emergency. I also hereby give permission to a physician selected by the camp staff to hospitalize, secure proper treatment for, order injection anesthesia or surgery, for the above named, and will be responsible for any expenses incurred, including transportation back home if necessary for my child.

In no event will the National Japanese American United Methodist Caucus, its officers, leaders, counselors or agents be held liable for any first aid rendered or treatment, drugs or medicines, or surgical procedures performed pursuant to this consent. In the event of an emergency, every effort will be made to contact the parent or guardian before any medical service is rendered aside from general first aid. Copies of this form made by the Asian Camp Design Team and or staff will be considered as an original.

Parent/Guardian Name

Date

Parent/Guardian Signature

PHOTO RELEASE

As parent or guardian of _____, I hereby give the camp staff, and representatives and assignees, of the National Japanese American United Methodist Caucus, the right and permission to copyright, publish, without charge, photographs taken of said minor. Permission is granted to use such photographs in promotional literature, publications, (both print and electronic) advertising, and in similar ways as associated with the ministry of Asian Camp. This includes but is not limited to church and youth group newsletters, organization brochures, and church /camp website.

☐ Yes, I give my permission to use photographs of my child

☐ No, I do not give my permission to use photographs of my. child

Parent/Guardian Name

Date

Parent/Guardian Signature

**AUTHORIZATION TO DISPENSE MEDICATIONS**

The National Japanese American United Methodist Caucus requires that **PARTICIPANTS WHO NEED OR ARE REQUIRED** to take medication during the week of Asian American Summer Camp do the following:

Please list all medications (prescriptions, vitamins, inhalers, topical treatments and over the counter medications below) All medications must be brought in its original container. Prescription medications must come in its original pharmacy container, clearly labeled with the patient's, name and dispensing instructions (dosage and frequency). Please specify administration times and any special instructions (e.g. "take with food") Please provide any measuring devices for liquid medications.

All medication will be dispensed by the camp nurse, physician or other health staff as directed by your prescribing physician.

[1] Present this completed consent form signed by the parent or legal guardian, and the camper's physician.

[2] Bring the medication in the original prescription bottle properly labeled by a registered pharmacist as prescribed by law.

All medication will be dispensed by the camp nurse, or other health staff as directed by the prescribing physician. The following must be completed.

Child's Name: _____ Date of Birth: ____ / ____ / ____

TO BE COMPLETED BY PHYSICIAN

Name of Medication	Expiration Date	Taken For	Dosage	Time(s) to be Given	Special Instructions

Special Instructions or Comments by Physician: _____

Inhalers will be kept with the Camp Nurse unless otherwise directed: Yes ☐ No ☐

Youth has a clear understanding of inhaler use, dosing, frequency: Yes ☐ No ☐

Child should carry their inhaler on his/her person: Yes ☐ No ☐

Physician's Name (please print): _____ Phone: (____) _____

Physician's Signature: _____ Date: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

I, _____, give permission for my child to receive the above medication as directed.
Parent / Guardian

Signature of Parent or Guardian: _____ Date: _____

Day Phone#: (____) _____ Evening Phone#: (____) _____



Non-Discrimination Policy

The foundation of our camping ministries is the inclusion and celebration that all people are created, valued, and loved by God. It is the policy to our NJAUMC Camps to maintain a safe and supportive camping environment for all participants, free from harassment, intimidation, and/or bullying and free from discrimination on account of actual or perceived race, color, creed, ethnicity, national origin, citizenship/immigration status, religion, gender identity, gender expression, sexuality orientation or ability. We hope that this safe space can extend beyond just our week of camp and that we can continue to respect and support all our camp participants throughout all our faith journeys.

Code of Conduct

A basic code of behavior is needed for any group of people who come together for any length of time. The camp philosophy has always been one of freedom, but there are certain rules that must be established and followed by all campers and staff. The guidelines below are kept to a minimum and reflect concern for the rights of others and the law.

Under all conditions, these guidelines will be strictly enforced and any camper in violation of these rules will be subject to immediate dismissal from Camp. As mature youth we hope that you understand the reasons behind such guidelines.

1. Drugs, alcohol, smoking, and vaping are not to be used at camp. Illegal use by minors will not be tolerated under any circumstances.
2. All medications, including over-the-counter non-prescription medication must be dispensed by the camp health staff (nurse or MD)
3. Romantic interests are a natural part of life, but physical relationships must not be taken too far at camp and one's personal space will be respected.
4. No one is allowed to leave the campgrounds. This is enforced for your safety. Know the camp boundaries and stay within them.
5. **"LIGHTS OUT"** means that you must be in your assigned cabin and the lights must be out. There are no exceptions.
6. Shoes must be worn at all times.
7. Visitations in cabins of the opposite sex are not allowed.
8. Cell phones can be a distraction during camp programming and will be limited to appropriate use during designated times as laid out by the Directing staff upon "Camp Welcome."
9. Attendance is required at all meals and regularly scheduled activities.
10. **CABIN CHECKS** – each cabin will be checked daily. Please take care of and respect the property at Camp Wrightwood. We are responsible and liable for all replacements and repair costs.
11. **RESPECT** – Respect must be given to the authority of the counselors, directors, and other adult supervision. Your counselors are experienced and able leaders. Please give them the respect they deserve.
12. **RESPECT** – Respect should also be given to your peers in addition to all camp staff. In the continued effort of creating a safe space for all please be respectful of all camp participants in and outside of camp. (home church, social media, everyday)
13. Any violation of these guidelines will result in a phone call to your parents and possible dismissal from camp.
14. It is our belief that if we follow these rules, react with openness, respect the rights of others, and use our common sense, everyone will have an enjoyable and memorable experience. For the safety of all, we do regard them with utmost seriousness and pray that you will do the same.

Acceptance of the Camp Guidelines to be signed by both Parent and Participant

I have read the guidelines explained above and understand that they are to be abided by at the National Japanese American United Methodist Caucus Asian American Summer Camp 2025.

In case of dismissal, I, the undersigned parent, will be responsible for any cost incurred in transporting the participant home.

Parent/Guardian Signature

Date

Camper Signature

Date