



Camper Name _____ Jr. High Camp. Asian Camp

CAMP PARTICIPANT INFORMATION

Name _____ Age at Camp _____ Date of Birth: ___/___/___

Address _____ City _____ State: _____ Zip Code: _____

Cell Phone () _____ Parent Email: _____

Grade in FALL: 6 7 8 9 10 11 12 13 14
Jr. High Camp **Asian Camp**

Gender Self-Identification An individual has the right to be addressed by the name and inclusive pronoun that matches the person’s authentic gender

I identify my gender as _____ (e.g. Male, female, transgender, etc.)
 What are your preferred pronouns? _____ (e.g. he/him, she/her, they/them, etc.)

Allergies No Known Allergies Allergies 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
 Asian Camp Only

CHURCH AFFILIATION

Home Church Name: _____
 Pastor Name: _____
 Pastor Signature _____

AT CAMP INFORMATION

Please list any relatives and their relation to you who may be attending camp with you:



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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 HISTORY

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

- | | | | | | |
|-------------------------|------------------------------|-----------------------------|-----------|------------------------------|-----------------------------|
| Ever been hospitalized? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ever had surgery? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Seizures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fainting or Dizziness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chronic Illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Headaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mental Health concerns | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Please explain any "Yes" answers in the space below and indicate the date/year of the event.

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	
Tuberculin test or negative chest X-Ray	



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COVID

Camper is vaccinated Yes No Boosters are up do date Yes No
 Positive test in the past Yes No

Please send a COVID Testing kit with your camper.

PHYSICIAN CONTACT INFORMATION

MD Name _____ Office Phone _____

Address _____ City _____ State _____ Zip _____

MEDICAL INSURANCE

The camper is covered by family medical/hospital insurance Yes No

Insurance Company _____ Policy Number _____

Subscriber _____ Group Number _____

MEDICATIONS

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.

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



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The Infirmary will stock the following over the counter medications. Please specify the OTC meds that can be given to your child.

Tylenol Advil Benadryl Cough Drops

Inhalers will be kept with the Camp Health Staff unless otherwise directed.

Child should carry their inhaler on his/her person: Yes No
 Youth has a clear understanding of inhaler use, dosing, frequency Yes No

I, _____, give permission for my child to be given all the meds listed above.
 Parent / Guardian

Signature of Parent or Guardian: _____ Date: _____

PHOTO/VIDEO RELEASE

As parent(s)/guardian of _____ (name who will be participating) a minor, I hereby give NJAUMC Camping Ministries and their representatives and assignees, the right and permission to copyright, publish, without charge, photographs taken of said youth for promotional purposes. This includes but is not limited to NJAUMC Camping website, newsletters, and organization brochures.

NO- I DO NOT give my permission for photos/video to be used.
 YES- I DO give my permission for photos/video to be used.

LIABILITY RELEASE / AUTHORIZATION OF HEALTH CARE

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.

I acknowledge that by signing my name below gives my permission and response to the Liability Release, Authorization of Health Care, and Photo/Video Permission above

 Parent/Guardian Name

 Parent/Guardian Signature

 Date



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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 of 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 safety and 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 designated health staff.
3. Everyone has the right to feel safe and respected. Please honor and respect one another's comfort levels and personal space.
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 and noise levels kept to a minimum. Please be respectful of those who want to go to sleep.
6. For your protection, shoes or sandals must always be worn.
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."



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(Code of Conduct continued)

If we follow these rules and respect the rights of others, everyone can have an enjoyable and

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 the camp site. We are responsible for all replacements and repair costs if there is damage.
11. RESPECT must be given to the leadership of the counselors, directors, and other adult staff. Please follow their directions and give them your attention, follow their directions and requests when asked.
12. RESPECT your peers. 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 neglect to take these guidelines to heart will result in a phone call to your parents and possible dismissal from camp.

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 Jr. High Camp and Asian American Summer Camp 2024.	
In case of dismissal, I, the undersigned parent, will be responsible for any cost incurred in transporting the participant home.	

Parent/Guardian Name	
_____	_____
Parent/Guardian Signature	Date

Camper/Counselor Name	
_____	_____
Camper/Counselor Signature	Date