



Camp IVY 2021

Youth Registration Form

Please contact Tabitha at 406-459-2746 or campivy@montanajcf.org with questions.

Camper #1 Name: _____ D.O.B: _____ Age: _____ Grade: _____

Camper #2 Name: _____ D.O.B: _____ Age: _____ Grade: _____

Camper #3 Name: _____ D.O.B: _____ Age: _____ Grade: _____

Camper #4 Name: _____ D.O.B: _____ Age: _____ Grade: _____

Mailing Address: _____ City: _____ State: _____

Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____

I WILL PARTICIPATE IN THE FULL PROGRAM OF Camp IVY AND WILL TREAT OTHERS AND THE FACILITY WITH RESPECT:

SIGNATURE OF CAMPER#1 _____

SIGNATURE OF CAMPER#3 _____

SIGNATURE OF CAMPER#2 _____

SIGNATURE OF CAMPER#4 _____

PARENT/GUARDIAN: I/WE AGREE TO PARTICIPATE IN THE OPENING AND CLOSING SESSIONS (Friday 4 pm – 6:30 pm included dinner and Monday 9:30 am – noon includes lunch)

Signature of Parent/Guardian _____

Parent/Guardian Accommodations: Please let us know if you would like to stay in a private room (max of 4 people) in the lodge for Friday, Saturday, and Sunday nights. No meals will be provided. Room charge will need to be paid at registration/check-in. (Fee is approximately \$65/night with bedding included or \$55/night bring your own bedding and linens.) ☐ YES ☐ NO

Camper Check-Out: At the end of camp, your child/children must be signed out by an authorized adult; if none are listed in the space below the child will be released only to the parent/guardian who signs this form:

Photography Waiver: By signing this registration form I also authorize the taking of pictures of my child/children for camp promotion purposes.

Signature of Parent/Guardian: _____

Registration Deadline is August 20, 2021

Please submit via email to campivy@montanajcf.org

Health Record

Please complete a separate health record for each child.

Camper Name: _____ Age: _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Other contact (optional): _____

Insurance:

Doctor's Name: _____ Phone: _____

Insurance Carrier: _____ Plan/Policy #: _____

Policy Holder/Member: _____

Camper currently has/ has had recently:

Frequent colds/sore throat: _____ Asthma: _____ Bronchitis: _____ Seizures: _____

Current Health Conditions: _____

Allergies Including Food, Respiratory, Medication and Others : _____

Other Health Concerns (recent illness, injury or surgery): _____

Behavioral/Psychological concerns or considerations (specify if applicable):

Immunizations:

Up-to-date per school requirements: Yes: _____ No: _____ Date of last Tetanus Shot: _____

Health Record (CONT.)

Please initial which over-the-counter medications may be administered by the camp nurse:

Acetaminophen (Tylenol)	_____	Ibuprofen (Advil, Motrin)	_____
Tums	_____	Pepto Bismol	_____
Throat Lozenges	_____	Diphenhydramine(Benadryl)	_____

Is camper currently on any medications: No___Yes___If Yes, please specify below:

Please include what the treatment is for, time of day it is taken, strength, dosage and when next dose is due.

IN CASE OF ACCIDENT OR ILLNESS, I HEREBY CONSENT TO THE ADMINISTRATION OF AID AND/OR MEDICATION. I ALSO CONSENT FOR TREATMENT BY A PHYSICIAN OR EMERGENCY DEPARTMENT. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THE COST OF SUCH TREATMENT.

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____

Packing List

Please bring:

- Medications
- Pillow
- Sleeping Bag
- Toiletries
- Sunscreen
- Towels (Bath and Beach are Recommended)
- Shoes suitable for Hiking
- Closed Toed Shoes for Field Games
- A Set of Grubby Clothes

Please do not bring:

- Cell Phones
- Any Musical Player
- Electronic Game Devices
- Clothing with Inappropriate Messages
- Two Piece Bathing Suits
- Biker Shorts
- Knives or Weapons
- Alcohol, Tobacco, or Drugs

Registration: Registration is from 3 PM - 4 PM on Friday at the Glacier Bible Camp main office. Campers will receive cabin and buddy assignments at that time.

Pick Up: Youth Camp ends on Monday at noon. On Friday parents and guardians should plan to arrive at camp at 9:00 am for the morning family workshop and activities.

Emergency Contact: If there is an emergency and you need to speak with your child, please contact Tabitha at 406-459-2746.