



Deaf Streetlight Camp Registration - July 27-30, 2023

Camp Allendale 4605 S. Allendale Dr. Trafalgar, IN 46181

Please fill out the form completely -- Please print clearly! Fill out one form for each person attending camp.

***Early Bird Registration – please complete by Monday June 26th to be eligible to purchase \$15 DS Camp shirt. Shirt prices will increase to \$20 after June 26th.**

Camper's Name _____

Address _____

Home Phone Number: _____ Birthdate: _____

Grade (if child) _____

Email address: _____

Male/Female _____ Are you an immersed (baptized) Christian? _____ Deaf or hearing? _____

Minister & Church Names

MEDICAL HISTORY INFORMATION

Year of Last Tetanus Booster _____ Is Camper current on all immunizations? Yes/No _____

Does this camper have any food, medication, insect, or other allergies? If yes, fill out the following:

Allergy to FOODS: _____ Severity of reaction _____ Management _____

Other Allergies: _____ Severity of reaction _____ Management _____

Does this camper have any medical condition(s) or history? (Nothing indicated means the camper has no medical conditions and is capable of full participation.)

Medical Condition _____

Explain: _____

Any recent surgery, injury or permanent conditions that may restrict camper's activities?

Current Medications you take (Prescription and non-Prescription): _____

Your Physician: _____ Phone: _____

Health Insurance Co: _____ ID# _____ Group# _____

Insured's Name _____ Insured's Date of Birth _____

_____/_____/_____

Relationship of insured to camper _____

CONSENTS

*I hereby give permission to Camp Allendale & Deaf Streetlight to hospitalize, secure treatment for and to order Anesthesia or surgery for me/my child. I understand that every Effort will be made to contact me in case of such an emergency before any such treatment is administered.

*I hereby release Camp Allendale & Deaf Streetlight from any responsibility other than normal supervision and care. In case of accident, I will not hold DS & Camp Allendale, their staff, volunteers, management or officers liable.

*I certify that all information given is complete and correct to the best of my knowledge.

*I understand camp accident insurance is Secondary!

Parent, indicate here if you DO NOT consent:
___ I DO NOT want my camper to participate in:
 ___ Archery ___ Zipline
___ I DO NOT authorize Camp Allendale or DS to take and use any photograph or video of the camper named on this registration (disclaimer: some photos may still appear on social media sites).
___ I DO NOT allow the camper named on this registration to be photographed in the group picture.

Signed: _____

Please understand that if you or your child want to participate the following activities, you will be expected to pay additionally. Deaf Streetlight will pay for swimming on both days.

Archery \$5 Zipline \$10 (eligible for anyone going into 7th grader and older, Weight limit is 260 pounds)

SIGNATURE OF CAMPER OR PARENT/GUARDIAN: _____

\$10 per person Deposit Due with Registration (up to \$40/family) — Must be received by July 17, 2023
Total camp cost of \$120 per person is due by the start of camp. Scholarships are available, but you MUST apply for them before camp. Children 3 or under are free with a paying adult. **Make checks payable to Deaf Streetlight.** Mail with registration to: 3515 Warsaw Ave; Cincinnati, OH 45205 (Family maximum payment \$480 for 4 or more.)
Children under age 10 and people with special needs must be accompanied by a responsible adult.

Please provide your shirt size IF you are interested to purchase at the camp, sizes XS-3XL:

