

Do NOT fill out this paperwork if you are registering online.

Mail to: Camp Allendale Attn: Camp Registration
4605 S Allendale Dr, Trafalgar, IN 46181

Camp Options:

Write in blank next to selection how many of each type of registration you need

5-Day Stay (Wednesday-Sunday)

\$200/person (maximum family cost is \$700) _____

\$150/child (12 and under) _____

\$150/senior (62+) _____

4-Day Stay (Circle One: Wednesday-Saturday OR Thursday-Sunday)

\$150/person (maximum family cost is \$540) _____

\$120/child (12 and under) _____

\$120/senior (62+) _____

3-Day Stay (Circle One: Wednesday-Friday, Thursday-Saturday, OR Friday-Sunday)

\$100/person (maximum family cost is \$360) _____

\$80/child (12 and under) _____

\$80/senior (62+) _____

Day Visitor (Wednesday, Thursday, Friday, Saturday, OR Sunday)

\$20 for Wednesday _____

\$30 for Thursday/Friday _____

\$50 for Saturday _____

\$0 for Sunday _____

Extras:

\$20 Allendale t-shirt _____ Size _____

\$45 Allendale sweatshirt _____ Size _____

\$10 donation to DSCamp @ Allendale _____

\$25 donation to DSCamp @ Allendale _____

\$50 donation to DSCamp @ Allendale _____

Total Due (add all selections together, taking note of family maximum):

Circle Payment Options

Pay Full Amount Now (Check Included or Use Credit Card Information Below)

Pay Deposit Only Now and Pay Remainder of Balance at Camp (\$10/person - Check Included or Use Credit Card Information Below)

Make Checks Payable to Camp Allendale or Provide your Credit Card* Information

***3% surcharge added to authorized amount for credit cards**

For Credit Cards: Amount \$ _____ Name on Card _____

CC No. _____ Exp Date _____ CVV _____

CC Billing Address & Zip Code _____

2025 Deaf Streetlight Camp “Stand Firm”

Household Information

Mailing Address _____

City _____ State _____ Zip Code _____

Adult 1: First Name _____ Last Name _____

Birth date ____/____/____

Circle One: Male/Female

Baptized by Immersion? Yes/No

Circle One: Deaf/Hard of Hearing/Hearing

Email Address: _____

Adult 2: First Name _____ Last Name _____

Birth date ____/____/____

Circle One: Male/Female

Baptized by Immersion? Yes/No

Circle One: Deaf/Hard of Hearing/Hearing

Email Address: _____

Child 1: First Name _____ Last Name _____

Birth date ____/____/____

Circle One: Male/Female

Baptized by Immersion? Yes/No

Circle One: Deaf/Hard of Hearing/Hearing

Child 2: First Name _____ Last Name _____

Birth date ____/____/____

Circle One: Male/Female

Baptized by Immersion? Yes/No

Circle One: Deaf/Hard of Hearing/Hearing

Child 3: First Name _____ Last Name _____

Birth date ____/____/____

Circle One: Male/Female

Baptized by Immersion? Yes/No

Circle One: Deaf/Hard of Hearing/Hearing

Child 4: First Name _____ Last Name _____

Birth date ____/____/____

Circle One: Male/Female

Baptized by Immersion? Yes/No

Circle One: Deaf/Hard of Hearing/Hearing

Do you regularly attend church anywhere? Yes/No

If yes: Church Name _____

Minister _____

Emergency Contact

Name: _____ Phone Number: _____

Relationship: _____

HEALTH INFORMATION

The following information must be filled out for each camper **COMPLETELY** and signed by a parent or legal guardian if camper is a minor. Please complete **ALL SECTIONS**.

Health Record for (Camper's name) _____

Medications: Since medications often change, we will not have you list medications at this time. Please bring medications (over-the-counter, herbal, or prescription) taken routinely with current instructions. You will give these medications to the nurse during check-in on the first day of your camp. Bring enough to last the entire time at camp.

You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency (state law!) or it will not be accepted. All meds must be given to the nurse.

Health Center Medications: These medications are stocked at Camp Allendale, used to help manage common illness or injury, and dispensed by standing orders signed by Allendale's supervising physician.

Some meds are listed as common brand names, though generic may be substituted.

- Acetaminophen (Tylenol) Ibuprofen (Advil) Throat Lozenges
- Antihistamines (Benadryl) Imodium AD Triple Antibiotic Ointment
- Expectorant Milk of Magnesia Tums
- Hydrocortisone Robitussin DM

Check one: It is okay to give any of these meds to this camper

Do NOT give these meds (from above list):

Circle any medical conditions/needs or history of the camper and please describe on additional paper if needed:

***Nothing circled indicates the camper has no medical conditions

- ADD/ADHD Asthma/Inhaler Diabetes Active Infections Clotting Disorder
- Epilepsy Epi-Pen Heart Disease Hepatitis Seizures Other (please explain)

Immunization Record: Has the camper received vaccinations required by the state of Indiana for school including: diphtheria, pertussis, tetanus, measles, rubella, polio- myelitis, mumps, hepatitis B, chicken pox, varicella, and meningitis (grades 6-12)?	Circle one: YES NO
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Date of last tetanus booster? _____

Allergies: Please list any serious food, medication, insect, or other allergies and describe the **reaction and management of the reaction**.

Please only list allergies that cause severe stomach or behavioral problems, rashes, hives, or breathing problems.

Allergy: _____ Reaction _____

Management _____

Allergy: _____ Reaction _____

Management _____

***** If your camper has severe food allergies, please contact our Food Service team to provide more specific information at allergy@camp-allendale.org OR 317-878-4400 Ext 107**

Authorization for Medical Treatment I, the undersigned parent or legal guardian of the above-named participant, do hereby authorize the staff, volunteers, or representatives of Camp Allendale to seek, obtain, and consent to medical care or treatment, including but not limited to first aid, emergency medical care, hospitalization, surgical intervention, or other necessary medical treatment, in the event of an accident, injury, or illness involving my child while participating in activities at Camp Allendale.

I understand that every effort will be made to contact me or the listed emergency contact(s) before treatment is provided unless such contact would cause a delay in medical care that would jeopardize the participant's health.

Liability Waiver I acknowledge that participation in camp activities involves inherent risks, including but not limited to physical activities, recreational games, and outdoor challenges. I agree to release, discharge, and hold harmless Camp Allendale, its staff, volunteers, and representatives from any and all liability for injury, illness, or damages arising from my/my child's participation in camp activities or resulting from medical treatment authorized under this waiver.

Medication Monitoring (if applicable) If me/my child requires medication to be administered while at camp, I will provide clear instructions, the necessary medication(s) in their original packaging, and a completed Medication Authorization Form. I acknowledge that camp staff are not licensed medical professionals but will take reasonable measures to follow the provided instructions.

Acknowledgment and Consent: By signing this document, I confirm that I have read, understand, and agree to the terms of this Medical Release Waiver. I certify that the medical information provided is accurate and complete to the best of my knowledge. I further agree to inform Camp Allendale of any changes to my child's medical condition or emergency contact information before their participation in camp activities.

Media and Picture Release Authorization I, the undersigned or parent or legal guardian of the above-named participant, grant permission to Camp Allendale and its authorized representatives to capture, use, and distribute photographs, videos, or other media recordings of my child taken during camp activities for promotional, educational, and informational purposes. This includes but is not limited to: Camp Allendale and Deaf Streetlight's website and social media platforms; Brochures, newsletters, and other printed materials; Presentations and promotional events. I understand that these materials may be used in perpetuity without additional notification or compensation. I further acknowledge that all photographs and recordings are the property of Camp Allendale and will not be returned.

Release of Liability: I agree to release, discharge, and hold harmless Camp Allendale, its staff, volunteers, and representatives from any claims, demands, or causes of action arising out of the use of media recordings, including but not limited to claims for invasion of privacy, defamation, or misrepresentation.

Opt-Out Option: If I do not wish for my child's image or likeness to be used in media or promotional materials, I will notify Camp Allendale and Deaf Streetlight in writing prior to the start of camp. I understand that every reasonable effort will be made to exclude my child from photographs or recordings; however, incidental inclusion in group or background shots may occur.

Acknowledgment and Consent: By signing this document, I confirm that I have read, understand, and agree to the terms of this Media and Picture Release Form. I certify that I am the parent or legal guardian of the above-named participant and have the authority to provide this consent.

PARENT/GUARDIAN SIGNATURE Printed PARENT/GUARDIAN NAME

Is it Signed? Your registration can not be processed without a signature above!

Insurance/Doctor Information

Insurance Company Name _____

Group Number _____ Insurance Phone Number _____

Policy Carrier's Name _____

Employer Name _____

Primary Care Physician _____

Primary Care Physician's Phone Number _____