

**Registration for Family Camping  
Weekend at Camp Tannadoonah  
September 19-21, 2008**



**\*\*Please fill out one registration form *per family*, and one Health Form & Permission slip *per participant*\*\***

Family Name: \_\_\_\_\_

Number of family members attending: \_\_\_\_\_

Names of all family members attending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Do you wish to share a cabin with another family? If so, please give their name:

\_\_\_\_\_

Names of two individuals who may be contacted in case of an emergency:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please make checks payable to Camp Fire USA and mail with registration and completed health form to:

**Camp Fire USA, 2828 East Jefferson Blvd, South Bend, IN 46615.**

I have read the camp information and agree to cooperate with all regulations. You have my permission to use photographs and videos in which my family members appear for Camp Fire USA and Camp Tannadoonah publicity.

I release the Camp Fire USA River Bend Council, Inc., Camp Tannadoonah, their leaders, employees, volunteers, and counselors, from any liability from any accident that may occur while I am participating in any camp program.



Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Form & Permission Slip for Family Camping at  
Camp Tannadoonah (2008)

Name: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name and policy number for medical insurance: \_\_\_\_\_

Date of last tetanus shot / booster: \_\_\_\_\_

**To assist the camp staff in case of need, please indicate if you (your child) are (is) subject to any of the problems listed below:**

**Any known allergies:**

Food: \_\_\_\_\_ Medications: \_\_\_\_\_

Plants: \_\_\_\_\_ Animals: \_\_\_\_\_

Insects: \_\_\_\_\_ Other: \_\_\_\_\_

Please explain reaction and medication to be given: \_\_\_\_\_

**Please indicate if you (your child) are (is) prone to any of the following conditions:**

Asthma \_\_\_\_\_ Hyperactivity \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Epilepsy \_\_\_\_\_

Diabetes \_\_\_\_\_ Ear problems \_\_\_\_\_ Heart problems \_\_\_\_\_ Fainting \_\_\_\_\_

Convulsions \_\_\_\_\_ Other \_\_\_\_\_

List any activities that should be avoided: \_\_\_\_\_

Medications you (your child) are (is) taking currently and dosage: \_\_\_\_\_

**\*\*\* All medications must be turned in to camp nurse upon arrival at camp. The participant must remain at home if receiving medication for a communicable disease. \*\*\***

I certify that I am in good health and can participate in all normal camp activities. I understand that reasonable measures will be taken to safeguard my health and safety. I give my permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation in case of an emergency. This completed form may be photocopied in the event of any trips out of camp.

Signature of parent / guardian / adult camper / staff member:

\_\_\_\_\_ Date: \_\_\_\_\_