

Registracijos Anketa # 1

CAMPER REGISTRATION AND CONSENT RECORD

This form MUST be signed by the parents, parent or legal guardian of any child participating in any camping activity at Camp Dainava. This includes camps sponsored by the "Lithuanian Ateitis Youth Association" as well as the "Lithuanian Scout Association"

Camper's Name (Last)	First	Middle	Sex	Date of Birth
Address (Number and street)	City	State	Zip	Telephone (Home)
Authorized Person's Name (Last)	First	Middle		Telephone (Home)
Address (Number and street)	City	State	Zip	Telephone (Work)
Medical Insurance Co.				Date of Arrival
Insurance Policy and subscriber no.				Date of Departure

Persons other than authorized person to be notified in an Emergency situation:

Name:	Telephone Number:
_____	_____
Name:	Telephone Number:
_____	_____

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Names of persons other than authorized person to whom camper may be released:

Name: _____

Name: _____

Name: _____

We (I) hereby grant permission for our (my) child or children named above to fully participate in the programs provided by the "Ateitis Youth Organization" at Camp Dainava. We (I) understand, agree and acknowledge that the "Ateitis Youth Organization", Camp Dainava and/or their respective directors, officers, employees or volunteers cannot assume any responsibility for an injury, damage or harm which might result during the course of any activity during the "Ateitis Youth Organization" camp or traveling to or from such activity and shall not be liable for any claim or lawsuit arising out of any such injury, damage or harm.

In consideration of permitting our (my) child to participate in the "Ateitis Youth Organization" camp, we (I) agree that such responsibility for our (my) child will remain with us (me), as the parents, parent, or guardian of our (my) child. Should any claim be asserted by any person as the result of the acts of our (my) child while participating in any activity during the "Ateitis Youth Organization" camp or traveling to or from such activity or should our (my) child assert any claim or lawsuit against the "Ateitis Youth Organization", Camp Dainava and/or their respective directors, officers, employees or volunteers, we (I) agree to indemnify and hold the "Ateitis Youth Organization", Camp Dainava and their respective directors, officers, employees and volunteers harmless from any such claim or lawsuit, including attorney's fees and costs incurred in defense thereof.

We (I) further authorize medical treatment of our (my) child, in the event of illness or injury sustained in our (my) absence while our (my) child is participating in the activities of the "Ateitis Youth Organization" at Camp Dainava.

Signature of parent(s) or legal guardian	
Signature: _____	Date: _____
Signature: _____	Date: _____



REF. PROCEDURE: Rule 127.2

CAMPER HEALTH HISTORY RECORD

The following information is requested so that the Camp can better meet the physical, intellectual and emotional needs of the camper. Please fill Out the Information requested. Use an additional sheet if necessary. "Authorized person" means a parent, guardian, or adult camper's designee.

Camper's Name (Last)		First	Middle	Sex	Date of Birth			
Address (Number and Street)		City	State	Zip	Telephone (Home)			
Authorized Person's Name (Last)		First	Middle		Telephone (Home)			
Address (Number and Street)		City	State	Zip	Telephone (Work)			
Does the camper have any of the following problems?		YES	NO	YES	NO			
Hay fever, asthma, or wheezing				5. Diabetes				
Eczema or frequent skin rashes				6. Frequent colds, sore throats, ear aches				
Convulsions or seizures				7. Trouble with urination or bowel movements				
Heart trouble				8. Shortness of breath				
				9. Speech problems				
				10. Menstrual problems				
				11. Dental problems				
				12. Other				
Please explain any problem areas identified above including any current illness diseases:								
If female has she been told about menstruation (answer if applicable)			Has she menstruated (answer if applicable)					
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please explain any special health, behavioral or emotional consideration(s):								
Special conditions to be watched for such as Allergy (Reactions to food, penicillin or other drugs), bedwetting fainting sleep walking etc:								
Under what medical circumstances should authorized person be notified (Examples: Fever over 100, sprains, broken bones. etc.)?								
Medications Needed or Used (Including Psychiatric)				Currently Being Given				
Kind	Frequency	Dosage		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
				<input type="checkbox"/> Yes	<input type="checkbox"/> No			
IMMUNIZATION								
Date Initial Immunization Completed	Polio	Mumps	Diphtheria	Tetanus	Pertussis	Measles	Rubella	Other
Date of Most Recent Booster								
Should the camper's activity be restricted because of any physical limitation or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, please explain degree of restriction:		
I give permission for the Camp Health Officer to administer over the counter medications as needed. the following medications may be given according to manufacturer's label instructions: acetaminophen, ibuprofen, Benadryl, Pepto-Bismol, cold or allergy syrups or tablets I understand that the Camp reserves the right to send a child home if he or she poses a threat to camp community health because of a communicable disease.								
I certify that the above information is true to the best of my knowledge						Date		
Authorized person's signature								