



## 2010 Camp Como Junior Faculty Registration

To be completed in full and mailed to: Camp Como, PO Box 36, Como, CO 80432

\*\*\*THIS FORM IS FOR FACULTY 18 YEARS OR YOUNGER\*\*\*

Event registering for: \_\_\_\_\_

Date of Event: \_\_\_\_\_

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

D.O.B. \_\_\_/\_\_\_/\_\_\_     Male  Female

Grade (fall '09): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Church you attend \_\_\_\_\_

Church you are registering with \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

### Health History:

List food or medication allergies/special dietary needs:  
\_\_\_\_\_

List communicable diseases, serious illnesses or surgeries with dates: \_\_\_\_\_

List any prescriptive or nonprescriptive medication which camper **MUST TAKE REGULARLY**: (list additional med's on back)  
**Medication (Dosage, Frequency, Reason Taking, Physician)**  
\_\_\_\_\_

Describe any special physical or emotional needs:  
\_\_\_\_\_

### Insurance Information:

Insurance **subscriber's** name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ S.S. #: \_\_\_\_\_

Family's insurance carrier \_\_\_\_\_

Policy# \_\_\_\_\_

Insurance Billing Address & Phone (on insurance card):  
\_\_\_\_\_

Name of work (if insurance is through work): \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

### Waiver and Release

All information provided on this form is correct to the best of my knowledge. In case of emergency, I understand that every effort will be made to contact my Emergency Contact. I give Camp Como permission to seek medical treatment for myself in case of emergency. I give Camp Como medical staff permission to provide me with medical treatment which may include, but is not limited to: the use of Tylenol, Ibuprofen, Benedryl, Roloids, Cough Medicine, Chlorpheniramine (allergy med), Benedryl Cream, Caladryl, Triple Antibiotic Ointment, Pseudofed, Claritan, or generic equivalents to these medications, physician consultation, urgent, emergent, and non-emergent medical treatment. I understand that the private health information on this form will only be used and shared for the purposes of medical treatment. I agree to indemnify and hold harmless Camp Como and their employees from any and all claims, damages, losses, injuries and expenses arising out of or resulting from my participation in Camp Como activities.

Please Note any exceptions to treatment: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Junior Faculty Job Description

As a volunteer junior faculty member, I am aware that my duties are to be done in compliance with the acting Program Director and the policies of Camp Como during my stay. All of my responsibilities will come directly from them. I also am aware that my personal conduct is to be Christ-like and appropriate for the program that is in progress. I have not been convicted or accused of child abuse or misconduct.

**I have read and agree to the "Junior Faculty Job Description".**

Describe your duties at this week of camp: \_\_\_\_\_

\_\_\_\_\_  
Junior Faculty Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Junior Faculty Member Name