

## **REGISTRATION & MEDICAL INFORMATION FORM**

March Madness- Winter Camp Jr High & High School (current grade)

**1. CAMPER INFORMATION** (includes counselors and staff): (Please print clearly in ink.)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE (if minor) WHILE ATTENDING CAMP \_\_\_\_\_ GRADE NEXT FALL \_\_\_\_\_ GENDER  M  F  
HOME PHONE (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ CA ZIP \_\_\_\_\_  
NAME OF CHURCH ATTENDING (if any) \_\_\_\_\_ CITY \_\_\_\_\_

**MINORS ONLY:**

**PARENT/GUARDIAN** with primary custody: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone numbers where you can be reached during the week of camp:

Daytime phone (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**The following person is legally restricted from seeing this camper:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IN CASE OF AN EMERGENCY** please contact: (For minors provide a friend or relative other than parent/guardian)

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_

**2. CAMP REGISTRATION INFORMATION:** (Please register as early as possible, and after February 28 call the PCCCI Office to check on camp availability).

**A. CAMP ATTENDING:**  **March Madness - Winter Camp: March 13-15, 2026**

**B. CAMP FEE: \$165** (All Camp Fees include a **\$50** non-refundable deposit)

**C.  Registering as an individual  Registering through a Church** - Church name: \_\_\_\_\_  
Desired Cabin Mate: (limit one) \_\_\_\_\_ (Will be honored if possible)

**3. STATEMENTS AND PERMISSIONS FOR CAMP**

**I GIVE PERMISSION** on behalf of my child for the use of the following by PCCCI for promotional purposes: (a) pictures taken while at camp; (b) quotations from evaluations/letters relating to camp experience.

**I UNDERSTAND** that PCCCI assumes no responsibility for campers or counselors who leave camp grounds for any reason other than programmed activities.

**I UNDERSTAND** that if the above-named camper participates in any illegal activity while at camp such as drinking alcohol, stealing or taking illegal drugs, they will be sent home immediately at the parent's expense. (Parents will be notified before a child is sent home.)

**I UNDERSTAND** that smoking by campers or counselors is not permitted while at camp and will so inform my child.

**I REALIZE** that individuals at camp can injure themselves without fault on the part of PCCCI personnel and release PCCCI from responsibility for injury to this camper.

**X Signature (parent/guardian signs if minor)** \_\_\_\_\_

**Page 1 of 2**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMPER'S NAME:** \_\_\_\_\_

**4. MEDICAL INFORMATION** – All information provided will be kept confidential.

**Does the camper have:** Please check yes or no, and fully explain all yes answers on the lines provided.

- A.** A chronic or recurring illness or medical condition? (i.e. seizures, ADD, depression, etc.)  Yes  No
- B.** Any recent hospitalizations and/or surgeries? (include dates & reasons in explanation):  Yes  No
- C.** Any allergies to medication? (include medication and reaction in explanation):  Yes  No
- D.** Up to date immunizations as required by their school?  Yes  No Date of Last Tetanus Shot (Given around ages 5 & 14): (Mo & Yr) \_\_\_\_\_ / \_\_\_\_\_
- E.** Allergies?  Yes  No (If yes, please list all items allergic to and symptom(s) of allergy attacks in explanation.)

F. Asthma?  Yes  No - If yes, is it: Chronic / Seasonal / Exercise Induced? (circle one and explain)  
 G. Heart disease?  Yes  No **H.** A physical/mental/psychological condition requiring special treatment?  Yes  No  
 I. Insulin dependent diabetes?  Yes  No **J.** Activity Restrictions/Limitations?  Yes  No  
 K. Hepatitis B vaccine series?  Yes  No **L.** Dietary Restrictions? (We are not equipped to provide special diets)  Yes  No

**Please fully explain all yes answers here.** Indicate the letter of the item being addressed. Attach a separate sheet as necessary.

---



---



---

**Is Camper currently taking any medications?**  Yes  No (all prescription & non-prescription medications, including vitamins, must be turned in to the Health Supervisor at Check-in; prescription medication must be in original bottle with camper name and dosage.)

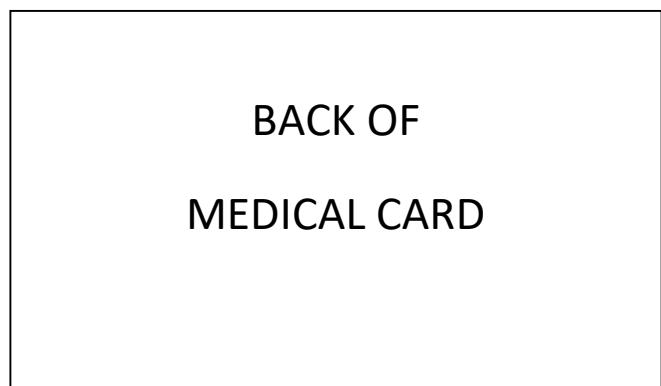
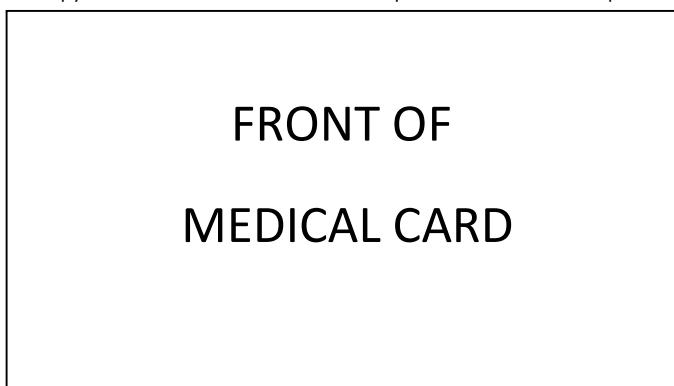
Current Medication	Dosage(mg)/ Frequency	Type of Illness being Treated
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

*If more than 3 medications are being used, please attach a separate sheet. If this information changes before camp, please report to PCCCI.*

**May Camper be given non-prescription medications** (i.e cough and cold medication, ibuprofen, etc.)?  Yes  No If yes, please list any over-the-counter medications that may not be given: \_\_\_\_\_

**To help us deal tactfully with campers**, please let us know if your child has any ongoing or recent conditions/changes/trauma which may impact emotional, physical, or mental well-being while at camp. Please explain: \_\_\_\_\_

**5. INSURANCE INFORMATION** – Does camper have medical insurance?  Yes  No - If yes, provide a copy of the front and back of your card below: (It is not required for the camper to have medical insurance to attend camp, however, if the insurance box is checked yes, it is required that a copy of the front and back of the camper's medical card be provided.)



**6. MEDICAL STATEMENTS AND PERMISSIONS:**

**THE HEALTH HISTORY PROVIDED** on this form is correct and the camper herein described has permission to engage in all camp activities (as described in the PCCCI brochure & website) except as noted above.

**I WILL BE RESPONSIBLE** for notifying PCCCI of any new or different medical information regarding this camper between now and the start of camp.

**I UNDERSTAND** that Big Bear Lake Christian Conference Center is located in a remote mountain region and that emergency care, even by ambulance, can take up to 15 minutes. The camper named above has no current condition that would warrant closer emergency medical care.

**I WILL INSTRUCT MY CHILD** to take responsibility for going to the Infirmary at scheduled times to take their medications.

**I GIVE PERMISSION** to the medical personnel selected by the camp director, to provide emergency medical treatment for the above-named camper as deemed necessary. This may include transportation to a medical facility. In the event of an emergency in which I cannot be reached, I hereby give my permission to the physician selected by camp medical personnel to secure and administer treatment, including hospitalization for the above-named camper.

**X Signature (parent/guardian signs if minor)** \_\_\_\_\_