

Charles Campbell Camp Counselor Dates July 14 – 20, 2018
COUNSELOR APPLICATION

Name _____ Age _____ Birth date _____
Address _____
City _____ State _____ Zip _____ Male/Female _____
Home phone _____ Cell Phone _____ Parent work phone _____
E-mail address _____

Height _____ Weight _____ Camp is physically strenuous and this information helps us place you.

Camp Experience _____

Have you attended the Charles Campbell Camp before? Yes ___ No ___ Year _____

Personal References: (Not Immediate Family, if you have not attended this camp prior)

Name _____ Phone _____

Name _____ Phone _____

Do you have CPR/First Aid certification: Yes _____ No _____

Use the back to briefly list any special skills, experience, and other information that may be beneficial.

Known Allergies:

Medications: _____

Food: _____

Other: _____

Physician _____ Hospital preference _____

Date of last Tetanus shot _____

Medical conditions (ex. Diabetes, Seizures, etc) Please be specific and list all conditions that impact.

Prescription medications: Please list each medication you will be bringing to camp:

All prescriptions will be kept in the locked cabinet in the Kitchen but will be available for you to self administer.

Insurance Carrier _____ policy number _____

Emergency consent form for Dates: _____

I hereby affirm that I am the parent/guardian of _____ and give my permission to any physician/member of hospital medical staff to perform emergency medical treatment and procedures for _____ as he/she deems necessary, and to continue treatment and procedures until such time as the undersigned shall dismiss or engage another physician. This permission includes admission to the local hospital if deemed necessary.

I consent that photographs, videos, or any other Media reproduction of same taken of him/her may be used by the Camp Director, Staff, and or the Billing's Lions Club to advertise or publicize in any manner.

I give my permission to participate in the camp program sponsored by the Billing's Lions Club and release the Lions Club and the camp staff from any liability resulting from such activity.

Parent/Guardian/your Signature _____ Date _____

(If you are 18 or older your signature is required instead of parent)

Daytime Phone # _____ Evening Phone # _____

Emergency Contact (if parents are unavailable)

Name _____ Relationship _____ Phone # _____

Return to: Charles Campbell Camp PO Box 23342 Billings, MT 59104 (406) 670-2496

E-mail address: campbellcamp@msn.com Doug and Sue Hanson Directors