



# Touchstone Energy® Camp

## June 8-11, 2011



**South Central Indiana REMC**  
**Contact Person: Paula Sasse**  
**Ph one 765-352-4721 Fax 765-352-4821 paulas@sciremc.com**

**Form should be returned to South Central Indiana REMC by March 18, 2011**

**Applicants must currently be in the 6<sup>th</sup> grade to attend camp this summer. Please print neatly or type.**  
*To ensure that campers have the opportunity to meet new friends, we discourage cabin mate requests. Even if two persons are not in the same cabin, there are many opportunities to spend time together at camp.*

Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Male  Female

Shirt size (adult): XS S M L XL Parents/Guardians: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Mom's cell: ( ) \_\_\_\_\_ Dad's cell: ( ) \_\_\_\_\_

Home address: \_\_\_\_\_ IN  
Street address City State Zip

Parent's employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Who is at this number? \_\_\_\_\_

Work address: \_\_\_\_\_ IN  
Street address City State Zip

**IF YOU ARE NOT AVAILABLE IN AN EMERGENCY, please notify the following person(s):**

Emergency contact #1: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Home address: \_\_\_\_\_ IN  
Street address City State Zip

Emergency contact #2: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Home address: \_\_\_\_\_ IN  
Street address City State Zip

**Health History:** (To be completed by parent)

- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Bleeding/clotting disorder
- \_\_\_\_\_ Chicken pox
- \_\_\_\_\_ Convulsions
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Epilepsy (onset)/seizures (last occurrence)
- \_\_\_\_\_ Frequent ear infections

- \_\_\_\_\_ Heart defect/disease
- \_\_\_\_\_ Measles/German measles
- \_\_\_\_\_ Mononucleosis
- \_\_\_\_\_ Rheumatic fever
- \_\_\_\_\_ Strep throat
- \_\_\_\_\_ Tonsillitis

- Allergies:**
- \_\_\_\_\_ Foods
  - \_\_\_\_\_ Hay fever
  - \_\_\_\_\_ Insect stings
  - \_\_\_\_\_ Penicillin
  - \_\_\_\_\_ Poison Ivy, etc.
  - \_\_\_\_\_ Other drugs

Other diseases or details above: \_\_\_\_\_

Current medications (list name of medication, dosage and time schedule): \_\_\_\_\_

\_\_\_\_\_

All Medications must be in **correctly labeled original container** and given to the nurse at check-in time.

**NO MEDICATION WILL BE ALLOWED IN THE CABIN UNLESS AUTHORIZED BY THE NURSE.**

I authorize the camp nurse to administer acetaminophen or ibuprofen and other over-the-counter medicines as needed.

Parent/guardian initial: \_\_\_\_\_

List any over the counter medicines you do not want administered: \_\_\_\_\_

**DO NOT STAPLE**

Tetanus vaccine is up-to-date:  Yes  No Date of vaccine: \_\_\_\_\_

Immunizations are up-to-date:  Yes  No If No, reason: \_\_\_\_\_

Operations and/or serious injuries (include dates): \_\_\_\_\_

Chronic and/or recurring illness and/or **Special Needs:** \_\_\_\_\_

Special considerations or suggestions: \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Important:** Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance or if camper has been seen by a physician for any reason during this period.

Do you have family medical/hospital insurance?  Yes  No If yes, policy holder: \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Employer through which insurance is obtained: \_\_\_\_\_

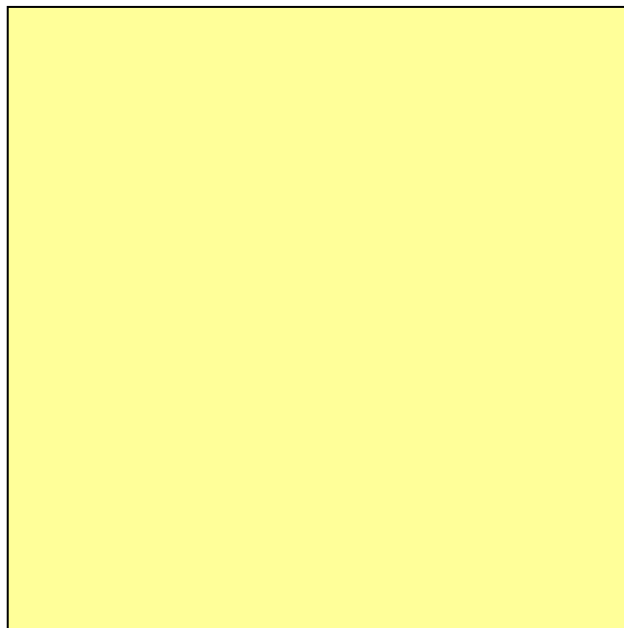
I certify that in case of accident or illness, representatives of Touchtone Energy Camp have my authority to secure medical attention if they are unable to communicate with me immediately. I understand there is some inherent risk in camp activities and accidents sometimes occur. I understand that the camp fee does not include accident insurance. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Date

*\*\*We recommend making a copy of the completed forms to keep for your records in the event of lost mail.*

**Attach a current photo of your child here** (photo size should not be larger than box at the right): →



**Please return this  
form by  
March 18, 2011**

## **CAMP TECUMSEH Trail Ride Waiver Form**

Dear Parent or Legal Guardian:

If you wish for your child to participate in a trail ride(s) during his/her stay at Camp Tecumseh please fill out this release form.

Although we have had very few accidents, our insurance company does require a signed wavier for those riding our horses. Should you have any questions on this matter please call Camp Tecumseh at **(765) 564-2898** and ask for Amie Gleason, Equestrian Director or Jada Ives, Equestrian Program Specialist. You can also speak with Kyle Linback, Group and Conference Director.

**To Whom It May Concern:**

\_\_\_\_\_ has permission to ride the horses at Camp Tecumseh during his/her stay there.  
(camper's full name)

By signing this release, I am not only giving my permission, but also saying that my child is aware of Camp Tecumseh's Trail Ride Rules and I have told him/her to comply with them. I also have read and understand the Indiana law stated below. I recognize that horses are unpredictable and agree not to hold Camp Tecumseh, its staff, or agents responsible in case of an accident.

I understand that upon mounting and taking up the reins, my child, the rider, is in primary control of the horse that he/she is riding and that Camp Tecumseh is not responsible for the results of my child's actions or inactions. I realize that my child's cooperation is needed for his/her own safety as well as the safety of others on the trail ride.

**Trail Ride Rules**

1. No one is allowed inside fence until instructed.
2. All riders must wear helmets.
3. Children must stay with adults responsible for them at the fence.
4. Never walk behind a horse.
5. 300 pound weight limit on all horses.
6. Keep horses ½ to 1 horse length apart.
7. Do not pass other horses on trail.
8. Do not take horses off the trail.
9. Trail ride is a walking trail ride – NO TROTTING.
10. Children must be 7 years or older to ride by themselves.
11. If a child is under 7 years of age the horse must be led by an adult.

**Persons not complying with the above rules will not be allowed to continue riding.**

**Warning:** Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

YMCA Camp Tecumseh, Inc. 12635 West Tecumseh Bend Road Brookston, IN 47923 (765) 564-2898