

Student Information

Name

Birthdate

Gender

Church Name

Church City

This camp is for students entering 6th grade through 12th grade (graduating seniors).
We are not able to accommodate students younger than 6th grade.

Grade (For the 2026-2027 School Year)

T-Shirt Size

Parent/Legal Guardian Information

Parent/Legal Guardian Name

Email

ⓘ This is the primary email address associated with this registration

Home Address

Address 2 (optional)



Cell Phone



Emergency Contact Name

Emergency Contact Phone Number



Relationship

Student Medical Information

Accident Coverage

I understand that if my student is injured in an accident at camp, **my family's health insurance will be billed first**. I also understand that **Foursquare's accident insurance may cover up to \$50,000** in additional medical expenses, but it does not cover sickness. For questions, I may contact ICFG Insurance at (213) 989-4400.

Please acknowledge:

I understand.

Why are we asking for so much medical information?

We know the questions below may feel detailed, but the more information you provide, the better care we can give your student in the event of an accident or emergency. Having complete information helps our staff share what medical professionals need to provide the safest and most effective care.

Do you have insurance?

YES / NO

INSURANCE COMPANY:

INSURANCE ID / POLICY NUMBER:

If Not Currently Insured

I understand that if I am not currently insured Foursquare's insurance may provide coverage. If it is later found that I did have personal health insurance Foursquare reserves the right to require my insurance company to reimburse those costs.

Is there any condition we need to be aware of that is currently under a physician's care?

X v

Is there any chronic or recurring illness (including behavioral) we should know about?

X v

Has there been any operation or serious injury we should be aware of?

X v

Has there been any recent loss of consciousness, convulsions, or a concussion?

X v

Are there any activities that should be avoided?

X v

Are there any allergies or dietary restrictions we should know about?

X v

Are there any special needs we should be aware of?

X v

ALL MEDICATIONS MUST BE IN THE CONTAINER LABELED BY THE PHARMACY AND TURNED INTO THE CAMP NURSE. MEDICATION CANNOT BE KEPT IN CABINS.

*Exceptions can be made for asthma and emergency allergic reaction medication.

Does the student require any medication or treatment during the weekend?

X v

Check the box next to any medical conditions experienced (past or present):- *Optional*

- Asthma
- Bleeding/Clotting Disorder
- Convulsions in the last 60 days
- Diabetes
- Epilepsy
- Frequent Ear Infections
- Heart Defect/Disease
- Hypertension
- Sickle Cell
- Chicken Pox
- Measles
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Mononucleosis

Check and date any immunizations the student has received:- *Optional*

- DTaP (Diphtheria/Tetanus/Pertussis)
- Tdap (Tetanus/Diphtheria/Pertussis) / TD (Tetanus/Diphtheria)
- MMR (Measles/Mumps/Rubella)
- Polio (OPV or IPV)
- Hepatitis B
- Varicella (Chicken Pox)
- Hib (Haemophilus Influenzae Type B)
- The student has not been immunized for personal or religious or medical reasons.
- Other

Consent

I would like my student to receive email communication from Foursquare about upcoming events and ministry-related updates. By providing my student's email address, I affirm that my student is 13 years of age or older and that both my student and I consent to them receiving these emails.

- Yes
- No

My student's email address:

Parental/Gaurdian Consent

An electronic signature is required to complete this registration. Please provide the information below and instructions will be sent via email to complete the required signatures.

