

VOYAGES CAMPER REGISTRATION FORM

St. Peter's United Methodist Church

Dates: June 22-26, 2026 Time: 9:00am - 4:00pm Price: \$15 per person (lunch included)

Camper Information

Camper Name: _____

Gender: Male Female Date of Birth: _____ Age: _____ Grade (Fall 2026): _____

Home Church: _____ Denomination: _____

Primary Parent/Guardian

Name: _____

Address: _____

Phone: (_____) _____ - _____ Cell Work Home

Email: _____

Secondary Parent/Guardian

Name: _____

Address: _____

Phone: (_____) _____ - _____ Cell Work Home

Email: _____

Health Information

Please list any physical, emotional, behavioral, or mental health concerns:

Immunizations are up to date (required for school attendance): YES NO

Date of Last Tetanus Shot: _____

Has camper ever been stung by a bee? YES NO Bee sting allergy: YES NO

Food Allergies: _____

Does your camper take daily medication (prescription or over-the-counter)? YES NO

If yes, please list medications: _____

Will camp staff need to administer medication during camp? YES NO

Medical Permission

I give permission for camp or church staff to provide first aid, administer medications as noted above, and seek emergency medical care if needed. Every effort will be made to contact the parent/guardian as soon as possible.

Parent/Guardian Signature: _____

OR

I refuse to give permission for treatment.

Parent/Guardian Signature: _____

Parent/Guardian Authorization

I agree to the policies outlined in the Voyages Parent Handbook and understand that my child will be held accountable for their actions and behavior at Voyages.

I authorize _____ to attend and participate in all Voyages activities.

Photo Permission: YES NO Transportation Permission: YES NO

Parent/Guardian Signature: _____ Date: _____

Swimming Ability

Swimming may be a camp activity. A lifeguard will be on duty, and staff will supervise all campers. All campers will be required to wear life jackets while in the pool.

Non-Swimmer

Beginner

Moderate

Advanced