

**Charles Campbell Camp Counselor Dates July 14-20, 2012**  
**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

Doug and Sue Hanson Directors

PO Box 23342

Billings, MT 59104

(406) 670-2496

E-mail address: [campbellcamp@msn.com](mailto:campbellcamp@msn.com)