

Cumberland Presbytery
2026 Camper Application

Church _____

☐ Junior (8-13) ☐ Senior (13-18)

Note: Application is required for each camper. If this is for a precamper, please make a note above.

Camper Name _____ Nickname _____ ☐ Male ☐ Female

Street Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Age _____ Grade Completed _____

Email address _____

Tshirt Size (Please circle) Youth S M L XL Adult S M L XL 2XL (or write other size _____)

Insurance Information Company Name _____ Group Number _____

Subscriber's Name _____ Policy Number _____

Father's Name _____ Phone: _____

Mother's Name _____ Phone: _____

Guardian's Name, if applicable: _____ Telephone Numbers _____

Social Worker's Name/Telephone Numbers, if applicable _____

Camper's Doctor is _____ Telephone _____

In the event that the parents or guardian cannot be reached, please list 2 additional adults.

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

List Known Allergies, Dietary Restrictions, and/or chronic illness' (attach a separate paper if needed)

Camper takes medication daily. Yes ☐ No ☐ _____

If yes, please specify. Send medication in the original prescription container.

Camper Name _____

CONSENT FOR NON – PRESCRIPTION MEDICATIONS

This consent allows appropriate Cumberland Presbytery staff to give over-the counter medications as needed without having to contact you each time during this camp session. Students over age 18 can sign for themselves with proof of age. You do NOT need to send these items.

☐ Yes ☐ No Tylenol (headaches/minor pain) ☐ Yes ☐ No Ibuprofen (cramps/minor aches/pain) ☐ Yes ☐ No Triple antibiotic ointment (cuts/abrasions) ☐ Yes ☐ No OTC Claritin/Zyrtec/Allegra (allergy) ☐ Yes ☐ No Tums (nausea/upset stomach) ☐ Yes ☐ No Benadryl (allergy symptoms) ☐ Yes ☐ No Chloraseptic Spray (sore throat pain) ☐ Yes ☐ No Emetrol (nausea) ☐ Yes ☐ No Imodium A-D caplets/liquid (diarrhea) ☐ Yes ☐ No Desitin (raw skin) ☐ Yes ☐ No Lotrimin AF (athletes feet) ☐ Yes ☐ No Aloe with Lidocaine (sunburn) ☐ Yes ☐ No Hydrocortisone cream (rashes/skin irritations) ☐ Yes ☐ No Halls or Vicks (coughing) Comments:

Authorization: (This section must be completed by the parent or guardian for ALL campers)

I, the parent or legal guardian of this camper, certify that the camper is physically able to participate in the Camp activity program. I assume all risks incidental to such participation and hereby waive, release, absolve, indemnify, and agree to hold harmless Cumberland Presbytery Inc. and its employees and officers for any claims arising out of injury or death to this student. I hereby agree to release and hold Cumberland Presbytery staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from administration of the medications shown above that I have voluntarily marked “yes”. I agree that if my youth breaks the Guidelines for Community Life and is sent home by decision of the directors, I will come to the campground and pick up my youth immediately. I give permission for my youth to be photographed and videotaped. I understand that it may be used on the Cumberland Presbytery’s website and/or used in future camp promotional material. In case of emergency, I understand that every possible effort will be made to contact parents or guardians. In the event I cannot be reached, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, x-rays, anesthesia or surgery for the above named camper. I understand short-term sickness and accident insurance is provided by Cumberland Presbytery within the camp fee, and that I will be responsible for any medical bills not covered by camp insurance, including all pre-existing conditions.

PARENT/GUARDIAN SIGNATURE

DATE

Mail application and payment to: Cumberland Presbytery
7205 Glen Arbor Rd.
Louisville, KY 40222

Payment of \$150 should be sent by June 5, 2026. Send checks payable to “Cumberland Presbytery”