

2023 OFFICIAL REGISTRATION FORM

Name _____ Male ___ Female ___ Age _____ Grade Completed _____
Address _____ City _____ State _____ Zip _____
Parent's E-mail _____ Home Church _____
Have you been immersed for the forgiveness of your sins? Yes ___ No ___
Youth Campers, Circle FREE T-Shirt Size: Youth Sizes: XS S M L Adult Sizes: S M L XL 2XL 3XL
Circle which week(s) you desire to attend:
Senior High Junior High Intermediate Day Camp
Primary First Chance Boys' Camp Girls' Camp
For special events, write in the number of people in your immediate family attending on the line:
Work Day ___ Family Camp ___
Name of Church Paying (if applicable) _____ Contact Person _____
Half Tuition ___ Free Tuition ___ If Waiter/Waitress, Week Worked _____

MEDICAL INFORMATION

Name _____ Date of Birth ____/____/____
Does the camper have any physical limitations/illness that will interfere with their full participation in the camp program?
No ___ Yes (please explain) _____
List known allergies: _____
List medications currently taking: _____
Please clearly label all medicines and write out dosage instructions on a separate sheet of paper for the designated nurse.
If necessary, do we have permission to give your child: Tylenol ___ Ibuprofen ___ Benadryl ___ NONE ___
Insurance Company _____ Policy # _____
"In case of emergency and I, as a parent or legal guardian, cannot be contacted, I give my permission for any medical treatment deemed necessary by trained medical professionals. I understand the camp will not necessarily have such trained medical professionals on duty at the campgrounds." _____ (signature of parent or legal guardian)
First Emergency Contact _____ Relationship to Camper _____ Phone (____) _____ - _____
Second Emergency Contact _____ Relationship to Camper _____ Phone (____) _____ - _____
Third Emergency Contact _____ Relationship to Camper _____ Phone (____) _____ - _____