

2025 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 ___

Circle which week(s) you desire to attend:

Senior High Junior High Day Camp Intermediate
First Chance Primary Parallel Camp

Name of Church Paying (if applicable) _____ Contact Person _____

Half Tuition ___ Free Tuition ___ If Waiter/Waitress, Week Worked _____

(Please complete reverse side of this form, detach, and mail with your registration fee.)

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. I grant permission for the camp staff to photograph and record my camper for promotional purposes or I have opted-out by speaking to the Dean." _____ (signature of parent or legal guardian)

First Emergency Contact _____ Relationship to Camper _____ Phone (____) _____ - _____

Second Emergency Contact _____ Relationship to Camper _____ Phone (____) _____ - _____