January 2012- December 2012

Permission & Medical Release Form

For all activities & events

Circle: Male/Female

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_

City/St/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church group you are coming with to camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Christian? \_\_\_\_\_\_\_ What church do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the retreat policies and agree to abide by them.

Camper’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth please sign above and have a parent or guardian complete the information below.

MEDICAL INFORMATION & EMERGENCY RELEASE FORM

( )

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Name /Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List below any allergies, medical conditions, or prescriptions being taken:

I hereby give permission for my son or daughter to attend the camps and give consent for the church sponsors or retreat staff to secure emergency medical treatment for my youth if needed.

Parent or

Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle T-shirt size: Adult Sm Adult Med Adult Large Adult X-Lrg Adult XX-Lrg

Youth Med Youth Large Youth X-Lrg

Things to Bring

Youth Camp

Alto Frio  (830) 232-5271

* Sleeping Bag or bed linens
* Pillow
* Bible 
* Pen/Pencil 
* Flashlight
* Towel & Wash cloth
* Toothbrush & toothpaste
* Toiletries: shampoo, soap, etc
* Medicine
* Jacket (you’ll need it at night) 
* Jeans
* Shorts
* Shirts
* Socks
* Underwear
* Shoes
* Swimsuit if weather is warm 
* Recreation items
* Late Night Snacks
* Spending $ - For Snack Bar & Gift Shop