

Please fill out one application for each child or youth who will be attending camp.
Applications must be filled out entirely and signed by a parent or guardian.

Please circle the camp are you applying for: *(Eligibility is determined by grades in school next fall)*

Children's Camp

June 18-June 22, 2018

Grades 4 - 6

Youth Camp

June 24-June 29, 2018

Grades 7 - 12

Name of Child *(Please Print)* _____

Gender *(Please circle the correct choice)* - MALE FEMALE

Birthdate _____ School Grade **next** Fall _____
 Month Day Year of Birth

Church Name you are applying to participate with: _____

Has this Child become a Christian? _____ Has this Child been baptized? _____

What size T-shirt do you prefer for your child?
(Please circle your preference: All are adult sizes) **S M L XL XXL XXXL**

HEALTH FACTS

List any recreational limitations such as swimming, hiking, etc. _____

Please list any allergies, skin disorders or other health needs the camp needs to know about.

In case of emergency medical or surgical treatment, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child, named on the application. NOTE: PARENTS WILL BE CONTACTED IN CASE OF ANY EMERGENCY IF POSSIBLE. Please include a copy of your medical insurance card for your child. Fill out information for your insurance as well.

Insurance I.D.# Name of Insured Enrollment Code

Signed: _____
(Parent or Guardian)

Address _____

Home Phone () _____ - _____ Work Number () _____ - _____

Cell Phone () _____ - _____ Emergency # () _____ - _____

Email _____