

CAMPER REGISTRATION FORM
New Song UMC & Jones Chapel AME Zion
June 25-29, 2018

CAMPER NAME: _____

CAMPER INFORMATION:

GENDER _____ BIRTHDAY _____ AGE _____ SCHOOL GRADE IN FALL: _____

HOME CHURCH _____ DENOMINATION _____

REGISTERING PARENT/GUARDIAN/CONTACTS

NAME: _____

ADDRESS: _____ FULL

PHONE: HOME () _____ DAY () _____ CELL
() _____

EMAIL: _____

SECOND PARENT/GUARDIAN/CONTACTS

NAME: _____

ADDRESS: _____ FULL

PHONE: HOME () _____ DAY () _____ CELL
() _____

EMAIL: _____

HEALTH INFORMATION:

LIST ANY PHYSICAL, EMOTIONAL, BEHAVIORAL, OR MENTAL HEALTH CONCERNS:

_____ ALL IMMUNIZATIONS REQUIRED FOR MY CHILD TO ATTEND SCHOOL ARE UP TO DATE: ____ YES
____ NO

DATE OF LAST TETANUS SHOT: _____

IS CAMPER ALLERGIC TO BEE STINGS: _____ HAS CAMPER EVER BEEN STUNG BY A
BEE: _____

FOOD ALLERGIES:

PARENT/GUARDIAN AUTHORIZATION

I agree to the policies outlined in the Voyages Handbook and understand that my child will be held accountable for their actions and behaviors at Voyages. I authorize _____ to attend and take part in all Voyages activities. I give permission for photographs taken of me/or my child to be used for camp publicity, printed or electronic.

**SIGNATURE OF PARENT/
GUARDIAN:** _____

DATE: _____

SWIMMING

Swimming is a potential activity during Voyages. There will be a lifeguard on duty, as well as counseling staff supervising the campers. Please fill out this form to let us know how well your child is able to swim. If your child is unable to swim, we will require them to wear lifejackets while in the pool. Circle one of the following:

NON-SWIMMER

BEGINNER

MODERATE SWIMMER

ADVANCED SWIMMER