

Registration Form- 2017

Name:_____ Boy___ Girl___

Week of camp attending (circle): July 10-14 July 24-28

Grade Entering in the Fall of 2017:_____

Parent/Guardian's Name:_____

Phone Number best to be reached at:_____

Emergency Contact other than guardian:_____

Relationship to camper:_____

Phone Number best to be reached at:_____

Does your child have any communicable diseases? Yes___ No___

If yes, please explain:_____

Are there any medical or emotional issues that we should be aware of?

If yes, please explain._____

- In case of emergency I authorize camp officials to furnish necessary examination and treatment.
- I give permission for my child to be included in any camp photographs to be used for church presentations, and our website.

Signature of parent/guardian:_____

Date:_____