

Registration Form- 2018

Name: _____ Boy ___ Girl ___

Week of camp attending (circle): July 9-13 July 23-27

Grade Entering in the fall of 2018: _____

Parent/Guardian's Name: _____

Address: _____

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: _____