

# CAMPER REGISTRATION

Please fill out a separate form for each camper.

Which camp will you be attending? Please circle one.

**Kids Camp (grades 2-6)**

**Youth Camp (grades 7-12)**

T-shirt size (circle one)      YS      YM      YL      S      M      L      XL      XXL      other \_\_\_\_\_

Camper name: \_\_\_\_\_ Male / Female      Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/guardian contact information

Name: \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Secondary emergency contact information

Name: \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

**For parent/guardian:** In the event of injury or sickness, the camp will attempt to notify the parent/guardian first. If this is unsuccessful, I give my consent to seek medical attention, hospitalization, or surgical care for my child, if needed. I do hereby release \_\_\_\_\_ (church name), the Church of God in Alabama, or any volunteers from ALL liability for injury to my child.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Please include a copy of insurance card and information with camp application**

Insurance company: \_\_\_\_\_ Policy: \_\_\_\_\_ Group: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Are there any allergies or medical conditions we should be aware of?      **Yes**      **No**

If yes, please describe: \_\_\_\_\_

Frequent sore throat \_\_\_\_      Sinus infections \_\_\_\_      Earaches \_\_\_\_      Headaches \_\_\_\_      Hyperactivity \_\_\_\_

Bedwetting \_\_\_\_      Asthma/breathing \_\_\_\_      History of broken bones \_\_\_\_

Please list any medicines your child is currently taking: \_\_\_\_\_

For general aches/pains, may the counselor administer acetaminophen or ibuprofen?      **Yes**      **No**

For allergic reactions to bites/stings, may the counselor administer Benadryl?      **Yes**      **No**

**For camper:** I agree to abide by all rules and guidelines set forth by \_\_\_\_\_ (church name), the Camp Director, and the Church of God in Alabama through the duration of my visit at camp.

**Camper's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Registration amount of \_\_\_\_\_ is due by \_\_\_\_\_.