

# REGISTRATION FORM

(Instructions on back.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed by Beginning of Camp \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day (     ) \_\_\_\_\_ Eve (     ) \_\_\_\_\_

Cell (     ) \_\_\_\_\_ Email \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Congregation \_\_\_\_\_

Emergency Contact (in case neither parent can be reached):

Name \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Indicate Camp Desired: \_\_\_\_\_ Years Previously Attended: \_\_\_\_\_

**CAMPER STATEMENT:** As I come to camp, I will obey the camp rules and conduct myself in a way becoming a Christian camper. I will participate in the program as planned by the camp.

\_\_\_\_\_  
Camper Signature

List any allergies including food allergies or intolerances \_\_\_\_\_  
\_\_\_\_\_

Please indicate any emotional or health problems, behavioral issues, dietary restrictions, traumatic events in the camper's life, or other information we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

In signing this application, I certify that all information is correct and my child/ward is in good health and may participate in camping activities. I give consent for camp officials to act in any emergency in the best interest of the health and welfare of my child/ward. Should it become necessary for him/her to return home during the week because of illness, accident, homesickness, or conduct, I will abide by the camp's decision in this matter and provide transportation.

I recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment for each activity, it is impossible for the camp to guarantee absolute safety. I further understand that my child/ward shares responsibility for his/her safety and I have instructed my child/ward in the importance of knowing and abiding by camp rules, regulations, and procedures for the safety of camp participants.

Further, I waive any claim that may arise against the camp and/or employees and volunteers as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

I also give permission for person named to be photographed and/or videotaped for promotional purposes.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_