

Southern District C&MA : Teen Camp

May 31 – June 5, 2009

--Registration and Medical Form--

REGISTRATION:

STUDENT'S NAME _____

CURRENT GRADE LEVEL (entering in fall) _____ GENDER (circle one) male female

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ - _____ BIRTH DATE ____/____/____

CHURCH ATTENDING _____ T-SHIRT SIZE (____)

I give permission for _____ to fully and completely participate in all activities associated with the camp. I give full authority in dealing with discipline problems to qualified camp personnel and adult leaders. I understand that any student disregarding the rules may be sent home.

I give permission to the leader or chaperone to secure a licensed physician in the case of an emergency to provide necessary care.

Parent or Guardian: _____ Date: _____

PARENT/ GUARDIAN _____ CELL (____) _____ - _____
(IF DIFFERENT THAN STUDENT'S)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PAYMENT INFO (fill out the column on the right)

- **total cost of camp** **\$165**
- \$ 25 early registration discount (before 5/15) - _____
- deposit enclosed (\$50 minimum) - _____
- total due when you arrive at Camp _____

MEDICAL INFORMATION:

INSURANCE COMPANY _____

GROUP NUMBER _____ POLICY/ID NUMBER _____

CLAIMS PHONE (_____) _____ - _____

STUDENT'S PHYSICIAN _____

PHONE (_____) _____ - _____

IS STUDENT CURRENTLY ON ANY MEDICATIONS? (CIRCLE ONE) NO YES

LIST BELOW:

MEDICATION _____ DOSAGE _____

MEDICATION _____ DOSAGE _____

DOES THIS STUDENT HAVE ANY ALLERGIES? (CHECK ONE) YES _____ NO _____ EXPLAIN BELOW:

ARE THESE ALLERGIES LIFE THREATENING? (CHECK ONE) YES _____ NO _____ EXPLAIN BELOW:

DOES THIS STUDENT HAVE ANY PHYSICAL, EMOTIONAL, MENTAL OR BEHAVIORAL CONCERNS OR LIMITATIONS THAT OUR STAFF SHOULD BE AWARE OF? (circle one) YES OR NO

IF YES PLEASE EXPLAIN BELOW:

EMERGENCY CONTACT: (IF PARENTS CAN NOT BE REACHED)

NAME _____ RELATIONSHIP _____

PHONE (_____) _____ - _____

CONSENT FOR MEDICAL TREATMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to Resolve the matter through a mutually acceptable arbitration process.

Signature of Parent or Guardian _____ Date _____