

# 2011 CAMPER REGISTRATION FORM

## MEDICAL AUTHORIZATION & PHOTO CONSENT

### CAMPER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M / F

GRADE JUST COMPLETED: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

CHURCH ATTENDING WITH: \_\_\_\_\_

### IN CASE OF EMERGENCY, CONTACT:

NAME: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ALT PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

ALT PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

Has camper recently been under a doctor's care? YES / NO

Are there any allergies or special health problems of which the medical staff should know?

If yes, please attach a sheet with description.

**CONSENT FOR MEDICAL TREATMENT:** *I give my full permission for my son/daughter/legal ward to attend camp and to take part in all activities. He/she will not attend if he/she has been exposed to a contagious disease, or if he/she is not in good physical condition. I do not hold the camp personnel or sponsor responsible for any accident or illness and, if necessary, authorize the camp personnel or sponsors to take my child to a medical facility. I also give my full consent for the medical facility selected to render professional services to my child if he/she becomes ill or is involved in an accident. I further give my consent for my child to be photographed and/or filmed for the purpose of the camp video, printed publications, and camp website.*

HEALTH INSURANCE COMPANY: \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

INSURANCE COMPANY PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date