

2017

YOUTH CAMP ENROLLMENT FORM

This enrollment form must be completed and presented to the Camp Director or registrar at the camp. Camper's name should be placed on all articles or belongings brought to camp.

The undersigned parent or guardian agrees:

- If a camper is dismissed from camp for violation of the rules, the parent or guardian is responsible for providing transportation home promptly upon notification by the Director.
- To pay for any damages or other losses resulting from use, theft of, or damage to the equipment caused by the camper.

Name of Camper: _____ Date of Birth: _____

Address: _____ Zip Code: _____
Street City

Boy ___ Girl ___

T-Shirt Size (circle one) Youth Size: S M L Adult Size: S M L XL 2X 3X

May go swimming? Yes No May go canoeing (teens only) ? Yes No

Church & City _____ Last school grade completed _____

Is camper in good health? Yes No Date of last tetanus shot _____

Any known allergies (food or medicine) _____

Is camper on any medication? Yes No If so, what? _____

What do you normally give camper for temperature? _____

Any physical limitations or special medical information about camper _____

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the physicians in charge of _____ to administer any
(child's name)
treatment, or to administer such anesthesia, and perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of my child.

Parent's or Guardian's signature _____ Date: _____

Address: _____ Zip Code: _____ Phone: _____

Witness's Signature _____

Name and Phone number of another person who could be notified if unable to reach parent(s) or guardian(s):

If camper is covered by health insurance, please attach a photocopy of insurance card.

(office use) Camp Fee: Make checks payable to "Cross Point Teen Ministry"
Amount Paid _____ Amount Due _____