



2019 Camper Registration Form

Week of Camp attending: ___SH ___JH ___JR ___MD ___Day
T-Shirt Size: YS YM YL S M L XL 2XL Church: _____

MY CHILD IS: MALE FEMALE

Entering Grade: _____

Baptized: Yes No

NAME: _____

Address: _____ City/State/Zip: _____

PARENT INFORMATION

Father: _____ Legal Guardian: Y N Phone: _____

Mother: _____ Legal Guardian: Y N Phone: _____

If parents cannot be reached, contact: _____ Phone: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy Holder: _____

Policy/ID#: _____ Group #: _____

HEALTH INFORMATION

Are there any health concerns, illnesses, or injuries we should be aware of?

Allergies: _____

MY CHILD WILL TAKE MEDICATION WHILE AT CAMP: Y N (If yes, please list medication & dosage below)

CAMPER/PARENT AGREEMENT:

I understand that CAMP SOONER will not be responsible for any accident that might befall my child which is caused by his/her disobedience or negligence. We have read the camp information sheet and understand what my child is not to bring to camp. I agree that modesty will prevail in all matters and will send appropriate clothing for my child. We understand that any damage or vandalism to camp property by my child will be repaired at my expense. My child will not leave camp facilities without first getting approval from the camp dean. My child has permission to engage in swimming activities. I authorize treatment for my child while at camp by any doctor, nurse, or hospital as deemed necessary by camp authorities. This includes, but is not limited to giving common medicines. I certify that my child is in good physical condition and is able to participate in all camp activities.

PARENT SIGNATURE: _____ DATE: _____