## 2021 OFFICIAL REGISTRATION FORM

Name	Male	_ Female _	Age	Grade C	Completed	
Address	City State Zip					
Parent's E-mail	Home Church					
Junior High I (June) Sen First Chance Girls' C For special events, write in the Work Day Name of Church Paying (if applicable) Half Tuition Free Tuition (Please complete reverse	ze: Youth Sizes cle which week( ior High In Camp Interm number of peop Camp Kic	s: XS S M s) you desire termediate I nediate II (Ju sle in your in k-Off cess, Week Woo , detach, and	I L Adu to attend: (June) aly) Junediate fa Family Contact Per	Day Camp nior High II ( amily attendi Camp	Primary (August) ng on the line:	
Name_				n /	/	
Does your child have any physical limitat No Yes (please explain)	ions/illness that w	vill interfere v	vith their fu	Il participation	in the camp program?	
List known allergies:						
List medications currently taking:						
Please clearly label all medicines and wri	te out dosage inst	tructions on a	separate sh	eet of paper fo	r the designated nurse.	
If necessary, do we have permission to Insurance Company			-			
"In case of emergency and I, as a parent treatment deemed necessary by trained medical professionals on duty at the campgrounds."	l professionals. I	understand th	ie camp wili	not necessari (signature	ly have such trained medical of parent or legal guardian)	
Father's Name				· ·		
Mother's Name	Phone (	)		Cell/Work (		
Contact in case parents cannot be reached		Relations	shin	Ph	one ( ) -	