

2009 Registration Form

Use this form for one camper only. This form must be filled out by the legal guardian of the listed camper.



GENERAL INFORMATION

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Birth date _____ Age _____ Grade in Sept. 2009 _____ M F

Parent's Name(s) _____

Phone _____ Email _____

Work # Father _____ Cell # Father _____

Work # Mother _____ Cell # Mother _____

Cabin mate request (one only) _____
(Must be attending the same camp as listed below)

Camp attending: Xtreme Horse (4th-5th) _____ Xtreme Adventure (4th-5th) _____
3rd Grade _____

MEDICAL INFORMATION

Health history (give approximate dates of occurrences, and indicate whether mild or severe) Use another sheet of paper if necessary.

ALLERGIES asthma _____ drugs _____ food _____ insects _____ other _____	MEDICATIONS prescription medication _____ _____ reason for taking _____ _____
MEDICAL CONDITIONS heart problems _____ fainting _____ diabetes _____ bleeding problems _____ epilepsy _____	stomach upsets _____ joint injuries _____ broken bones _____ surgeries _____ chronic illness _____ headaches _____
LIMITATIONS physical (describe) _____ _____ mental (describe) _____ _____	OTHER DETAILS _____ _____ bed wetting difficulties? _____ restricted activities? _____ _____

EMERGENCY INFORMATION

In case of an emergency, *we will contact the parent or legal guardian immediately.*

If we are unable to reach you, please list two **OTHER** contact persons we can call.

This contact person must be someone not living in the same household.

1) Name _____

Day phone _____ Evening/cell phone _____

Relationship _____

2) Name _____

Day phone _____ Evening/cell phone _____

Relationship _____

MEDICAL INSURANCE-MUST BE COMPLETED

Physician's name _____

Phone _____

Do you carry medical insurance? Yes _____ No _____

Carrier name _____

Phone _____ Group # _____

Name of insured _____

Immunizations current? Yes _____ No _____

This form must be signed to register. This health history is correct as far as I know, and the person listed above has permission to attend Calvary's Xtreme Camps and to engage in all camp activities except as noted. I hereby authorize the designated medical professionals to administer emergency medical assistance if I cannot be reached. I accept responsibility for payment of expenses incurred as a result of medical treatment. I authorize designated medical professionals to dispense over-the-counter medications as needed to the above listed camper.

SIGNATURE OF PARENT OR LEGAL GUARDIAN X _____ **DATE** _____

I consent to and authorize the use of photographs and video images of the listed camper to be used on websites, camp blog, and advertising by Calvary Church.

SIGNATURE OF PARENT OR LEGAL GUARDIAN X _____ (If not signed, your child's pictures cannot be shown online on our daily blog)

Registration forms which are not completed will not be processed. Due to the challenging nature of activities at Xtreme Camp, full disclosure concerning camper's medical history must be made. **Campers are not considered to be confirmed until this registration form is completed.**