FAMILY CAMP REGISTRATION FORM

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_\_  
  
PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M/F CAMP FEE: $\_\_\_\_\_\_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M/F CAMP FEE: $\_\_\_\_\_\_\_\_\_\_

CHILD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M/F AGE: \_\_\_ CAMP FEE: $\_\_\_\_\_\_\_\_\_\_

CHILD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M/F AGE: \_\_\_ CAMP FEE: $\_\_\_\_\_\_\_\_\_\_

CHILD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M/F AGE: \_\_\_ CAMP FEE: $\_\_\_\_\_\_\_\_\_\_

CHILD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M/F AGE: \_\_\_ CAMP FEE: $\_\_\_\_\_\_\_\_\_\_

TOTAL CAMP FEE: $\_\_\_\_\_\_\_\_\_\_

NAME OF CHURCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHURCH WILL PAY: $\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL AMOUNT ENCLOSED: $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION**

**FOOD ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The person herein described has permission to engage in all camp activities. In the event that I cannot be reached immediately in an emergency, I hereby give permission to the physician or hospital selected by the camp to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child named above. I hereby give permission to the assigned camp staff to administer any over-the-counter medication or prescribed medications that I have furnished in required doses. I give permission for camp staff to take photos/videos of my child for camp promotion.

In consideration of the opportunity to participate in camping activities at Placerville Camp, operated by the South Dakota Conference of the United Church of Christ, I do hereby for myself and, if signing the release as a parent or guardian, on behalf of such child or ward, freely and voluntarily waive any right or cause of action of any kind whatsoever arising as a result of such camping activity from which any cause to me, my child, or ward, as the case may be, and do specifically release the Conference, its agents, officers, employees and volunteers from all liability of any kind on account of loss, injury, damage or death that may be suffered in connection therewith, including transportation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_