

**[Name] Youth Camp [Year]**

**[Starting YC Date] – [Ending YC Date]**

**Camper Registration**

**Jr. Campers ages (8-12) Sr. Campers ages (13-19)**

**Camp fee is [Amount] due by [Deadline Date]**

**“FREE T-SHIRT” If the registration is received before [Deadline Date].**

**Check in time will be [Day of the Week] evening [Date] at [Time] p.m.!!!**

**Due to the limited number of beds, registration forms not received**

**by deadline may not be guaranteed admittance!!**

Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M or  F

Other family members attending Camp: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime#: \_\_\_\_\_

Other Contact Person in the event of an emergency: \_\_\_\_\_ Phone#: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

\*\*\*\*Is your child being treated for an injury or sickness, taking any medications, or allergic to any medications?  Yes  No If yes, please explain: \_\_\_\_\_

\*\*\*\*Who will be responsible for your child receiving their medication? \_\_\_\_\_

\*\*\*\*Does your child require a special diet?  Yes  No - If yes, please attach explanation.

\*\*\*\*Does your child know how to swim?  Yes  No

Which adult volunteer from your church is responsible for your child during Camp? \_\_\_\_\_

\*\*\*What size of Camp T-Shirt is needed? Youth  S  M  L Adult  S  M  L  XL  XXL  XXXL

**(Please note that for each X one dollar is added to T-Shirt price.)**

**\*\*\*\*Have you and your child read and agreed to the camp rules?  Yes  No**

**Signature of Child: \_\_\_\_\_ Parent’s Initials: \_\_\_\_\_**

Send Camp fees and forms to:

**[Name] Youth Camp**

[Address]

[City, State Zip Code]

**Please make checks payable to: [Name]**

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child may become injured or ill. I understand that [Name of Organization] will not be responsible for medical expenses incurred solely on this authorization. I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all regularly scheduled activities of camp. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming (except as noted above).

**All Camper Registration Forms Must Be Notarized BEFORE Submitted.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

Date My Commission Expires: \_\_\_\_\_

**\*\*\*Applications not having Parent/Guardian signature will not be accepted!!!**

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

As Pastor, I am recommending this child attend Youth Camp. Pastor’s Phone#: \_\_\_\_\_

Signature of Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

**Website – [Name of Camp Website]**

**\*\*\*Please Note\*\*\***

**Feel free to make additional copies but please make color copies. THANKS!!**