Mount Calvary
YOUTH MINISTRIES

MOUNT CALVARY CONFIRMATION CAMP / LUTHER PARK
REGISTRATION & HEALTH FORM
August 1 – 4, 2017

Camp fee: $295 (inc. bus to & from camp) $100 deposit due with registration

Deadline to register is July 14

Name _____ Grade_____ Birth date _____

Name of one requested cabin mate_____

Custodial Parent(s)/ Guardian(s)_____

Email: _____ (print clearly)

Address _____City _____ State ____ Zip_____

Cell Phone 1 (_____) _____ Cell Phone 2 (_____) _____

INSURANCE INFORMATION:

Policy Holder_____
Insurance Co. _____ Policy/ID No._____
Family Doctor and Phone No. _____

Emergency Contact: _____ **Emergency Phone:** _____

HEALTH HISTORY & PARENT/GUARDIAN AUTHORIZATION
THIS SECTION MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN.

My child has permission to engage in all camp activities, except as noted by myself and the examining physician. In the event I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named above. I voluntarily waive any claim against the sponsoring institution, local churches and camp personnel for any mishap or lost articles, or any and all causes which may arise in connection with activities of the above organization. I understand that unless I provide separate written notice, photos taken of my child at camp may be used for camp-approved publications such as the Luther Park Echoes.

Please list **ALL** allergies & medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire weekend. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. For everyone's safety ALL medications brought to camp including prescription, over-the-counter, medicated creams and ointments will be kept in the Health Center.

Allergies or Food Requirements (inc. Vegetarian):
_____

Medications_____

Signed_____ Date _____
(Parent/Guardian)

For Office Use Only: Deposit rec'd_____ Date of deposit _____
Date received: _____ Cash amt: _____ Check amt: _____ CC or Check #: _____