

2008 Camper Registration Form
(Please fill out both sides)
Please Print

For Office Use Only:
 Amount Paid: _____



Father's Name: _____ Work/Cell#: _____
 Mother's Name: _____ Work/Cell#: _____
 Other Contact: _____ Work/Cell#: _____

Medical Information

Family Doctor's Name: _____ Dr. _____

<p>Camper Allergies</p> <p><input type="checkbox"/> Bee Stings <input type="checkbox"/> Other Insect Bites <input type="checkbox"/> Poison Ivy/Oak <input type="checkbox"/> Hay/Grass <input type="checkbox"/> Penicillin <input type="checkbox"/> Other (Food/Medicine) _____ _____</p>	<p>Medications Permitted</p> <p><input type="checkbox"/> Tylenol <input type="checkbox"/> Advil <input type="checkbox"/> Benadryl <input type="checkbox"/> Pepto-Bismol <input type="checkbox"/> Tums <input type="checkbox"/> Anti-Itch Cream These medications will only be given on an as needed basis.</p>	<p>Insurance Information</p> <p>Company Name: _____ Policy Number: _____ Group Number: _____</p>
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Please read carefully and sign below.

This applicant has my permission to attend camp and is physically able to participate in the recreational programs. I will not hold Camp Calvary or any persons in leadership of the camp, responsible for any illness or accident which may happen to the camper named _____ on this registration form.

State any ailments or restrictions in activities: _____

The camp has my permission to give medication, and/or hospitalize my child, if sickness or emergency arises.

Any picture taken can be used for future camp publicity purposes I am aware that some weeks of camp may travel offsite. (check website for details)

I understand that Camp Calvary has the right to send my child home if he/she refuses to obey the camp rules.

Who will pick up your child? _____

Signature of Parent (or Guardian) _____

Campers Name: _____ Male Female
 Date of Birth: ____/____/____ T-Shirt Size: _____ Grade: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ E-mail: _____
 Church Registered With: _____ First Time Camper (Y/N)
 How much does church pay? _____
 Church You Attend: _____ Immersed Christian (Y/N)
 Ministers Name: _____ Phone: _____

Method of Payment:
 Cash Check Credit Card Type of Card _____

Summer Camp 2008

(please check the program you would like to attend - if you plan to attend more than one, please fill out a separate form)

Camp Date	Camp Week	Cost	Camp Date	Camp Week	Cost
<input type="checkbox"/> June 1-4	First Chance I	\$90	<input type="checkbox"/> July 3-4	Primary Sleepover II	\$30
<input type="checkbox"/> June 5-6	Primary Sleepover I	\$30	<input type="checkbox"/> Jun 29-Jul 4	Wilderness I	\$150
<input type="checkbox"/> June 1-6	Girls Wilderness	\$150	<input type="checkbox"/> July 6-11	Junior II	\$150
<input type="checkbox"/> June 8-13	Junior I	\$150	<input type="checkbox"/> July 6-11	Wilderness II	\$150
<input type="checkbox"/> June 8-13	Primitive Wilderness	\$150	<input type="checkbox"/> July 13-18	Intermediate II	\$150
<input type="checkbox"/> June 15-20	Intermediate I	\$150	<input type="checkbox"/> July 13-18	Wilderness III	\$150
<input type="checkbox"/> June 22-27	Senior I	\$150	<input type="checkbox"/> July 20-25	Senior II	\$150
<input type="checkbox"/> June 22-27	Angling & Aquatics	\$190	<input type="checkbox"/> July 27-Aug 1	Junior III	\$150
<input type="checkbox"/> Jun 29-Jul 2	First Chance II	\$90	<input type="checkbox"/> August 9-12	Deeper Life	\$175