

FALL FIRE 2017

Individual Registration – return to your group leader

Church/Group Name: _____

Group Leader: _____

PERSONAL INFORMATION Student Leader

Name _____ Date of Birth _____ Grade _____ Gender: M F (circle)

Address _____ City _____ State _____ Zip _____

Phone _____ Personal Email _____

Church Name (if different than group's church) _____

EMERGENCY CONTACT INFORMATION

Father's Name _____ Home Phone () _____ Cell () _____

Mother's Name _____ Home Phone () _____ Cell () _____

Father's Email _____ Mother's Email _____

MEDICAL INFORMATION

Tetanus Shot (date of last booster) _____ Pain Reliever: Aspirin Tylenol Ibuprofen All NONE

Known Health Issues Asthma Menstrual HIV/AIDS Diabetes Epilepsy / Seizures Hepatitis Bowel Habits
 Cardiac Depression ADHD ADD ODD Anxiety Other _____

Known allergies, medical problems or physical limitations _____

ADDITIONAL EMERGENCY CONTACT(S)

Name _____ Relationship _____ phone () _____

Name _____ Relationship _____ phone () _____

INSURANCE INFORMATION

Insurance Company _____ Policy No. _____

Group No. _____ Policy Holder _____

Permission & Release Statement

AUTHORIZATION (Parent / Guardian must sign for youth campers) **Medical:** In event of emergency, I/we authorize qualified Camp personnel to give medical care and determine need for a physician's services. **Grievances:** I agree to not hold Camp Lebanon liable for any illness or mishap from any cause whatsoever and will settle claims against Camp through Christian conciliation. **Discipline:** I/We give Camp authority in matters of discipline agreeing that (1) any camper disregarding Camp Lebanon rules is subject to being sent home at camper expense with no refund of fees, and, (2) any camper willfully destroying property will be financially responsible for damages and/or replacement costs. **Promotion:** Camp may use comments and/or images of named camper in Camp Lebanon promotions.

Signature of parent/guardian of youth participant _____

Print name _____

Date _____

Signature of adult participant _____

Print name _____

Date _____