

Camper Registration Form

Camper Name _____

Grade in Fall _____ Age _____ Male ___ Female _____

DOB _____ Email _____ Phone _____

Address _____ City _____ St ___ ZIP _____

Swimming Level _____ T Shirt size _____

Camp Week(s) _____

Parent or Guardian _____ Cell _____

Home Phone _____ Work _____

Emergency Contact Person _____

Relationship _____ Phone _____

In case of emergency, I understand that every effort will be made to contact me. I hereby give my permission to the physician chosen by God's Adventure Camp staff to hospitalize and/or secure proper treatment for, and order injections, or anesthesia, or surgery for my child as named on this form. I certify that the child named on this form has my permission to attend and participate in activities at God's Adventure Camp. Also, for promotional purposes only, the camp has my permission to use pictures or videos that should happen to include my child.

Signature _____ Date _____