

Horse Camp Registration Form 2019

April 12-14 - September 6-8

(Please circle which week you will be attending)

Name: _____ T-Shirt Size _____

Address: _____

Phone Number: _____ Grade: _____

Church Registering With: _____

Home Church _____

Amount Church Pays _____

For Office Use Only

Pd _____ Date _____

Please Turn Card over to Fill out Back

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This Page must be filled out by a Parent or Guardian

Name of Parent(s): _____

Phone : _____ Alt. Phone: _____

Cell: _____ Cell: _____

Insurance Carrier: _____

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

The camp has my permission to give medication or hospitalize if sickness or emergency arises. I understand that Camp Calvary has the right to send my child home is he/she refuses to obey the camp rules.

Signature of Parent (Guardian): _____

This Page must be filled out by a Parent or Guardian

Name of Parent(s): _____

Phone : _____ Alt. Phone: _____

Cell: _____ Cell: _____

Insurance Carrier: _____

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