

Father's Name: \_\_\_\_\_ Work/Cell#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work/Cell#: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Work/Cell#: \_\_\_\_\_

### Medical Information

(must be filled out completely and signed by parent/guardian)

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

#### Camper Allergies

- Bee Stings
- Other Insect Bites
- Poison Ivy/Oak
- Hay/Grass
- Penicillin
- Other (Food/Medicine)

#### Medications Permitted

- Tylenol
- Advil
- Benadryl
- Pepto-Bismol
- Tums
- Anti-Itch Cream

These medications will only be given on an as needed basis.

#### Insurance Information

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_



## 2018 Camper Registration

(Please fill out both sides)

Please Print

For Office Use Only:

Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Campers Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Church Registered With: \_\_\_\_\_

How much does church pay? \_\_\_\_\_ First Time Camper (Y/N)

Church You Attend: \_\_\_\_\_ Immersed Christian (Y/N)

Ministers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Method of Payment:**  Cash  Check  Credit Card

Amount Paying \_\_\_\_\_ Card Type: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

**If camper does not pre-register two weeks before week of camp, he/she may not get their choice of t-shirt size**

### Summer Camp 2018

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

Date	Camp Week	Grade	Cost	Date	Camp Week	Grade	Cost
<input type="checkbox"/> June 3-6	First Chance I	2-3	\$120	<input type="checkbox"/> July 1-4	First Chance II	2-3	\$120
<input type="checkbox"/> June 7-8	Primary Sleepover I	K-1	\$40	<input type="checkbox"/> July 5-6	Primary Sleepover II	K-1	\$40
<input type="checkbox"/> June 3-8	All In- Mission Trip	9-12	\$325	<input type="checkbox"/> July 1-6	Wilderness I	5-6	\$195
<input type="checkbox"/> June 10-15	Junior I	4-5	\$195	<input type="checkbox"/> July 8-13	Junior II	4-5	\$195
<input type="checkbox"/> June 10-15	Primitive Life Skills (boys only)	9-12	\$195	<input type="checkbox"/> July 8-13	Wilderness II	7-8	\$195
<input type="checkbox"/> June 10-15	Angling & Aquatics	9-12	\$250	<input type="checkbox"/> July 14-21	Eastern KY Mission	15+	\$450
<input type="checkbox"/> June 17-22	Intermediate I	6-8	\$195	<input type="checkbox"/> July 15-20	Intermediate II	6-8	\$195
<input type="checkbox"/> June 17-22	Field & Stream (boys only)	7-12	\$195	<input type="checkbox"/> July 15-20	Wilderness III	9-12	\$195
<input type="checkbox"/> June 24-29	Senior I	9-12	\$195	<input type="checkbox"/> July 22-27	Senior II	9-12	\$195
<input type="checkbox"/> June 24-29	Girls Wilderness	6-8	\$195	<input type="checkbox"/> Jul 28-Aug 1	Deeper Life	College	\$250
				<input type="checkbox"/> July 29-Aug 3	Extreme Adventure	9-12	\$260

### 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 may be used for future camp publicity purposes

I am aware that some weeks of camp may travel offsite. (check website for details)

**THERE WILL BE NO CELL PHONES PERMITTED AT CAMP**  
**I understand that Camp Calvary has the right to send my child home if he/she refuses to obey the camp rules.**

All Registrations must be signed by a parent and camper

Signature of Parent (or Guardian) \_\_\_\_\_

Signature of Camper (if 4th grade or older) \_\_\_\_\_

Who **CANNOT** pick up your child? \_\_\_\_\_

**Camp check-in starts at 5:00 p.m. on the first day of Camp.**