**CIRCLE CAMP(S) YOUR CHILD WILL ATTEND:**

JUNIOR B July 6 day camp, July 7-10 online

JUNIOR C July 13 day camp, July 14-16 online

BOY’S CAMP OUT July 20 day camp, July 21-23 online

JUNIOR GIRLS CAMP July 20 day camp, July 21-23 online

TEEN CAMP July 27 day camp, July 28-31 online

There is no registration fee for these camps. An opportunity for a freewill donation will be available at registration for each camp’s onsite day camp.

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

Male \_\_ Female \_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Age at camp \_\_\_\_ Grade Completed \_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a church or organization is paying fees:

Scholarship Donor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship Amount $\_\_\_\_\_\_\_\_\_

Fees scholarship covers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle T-shirt: Size YS YM YL YXL

AS AM AL AXL A2XL A3XL

MEDICAL INFORMATION

Tetanus Shot Up to Date?: \_\_YES \_\_NO

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/CAMPER STATEMENTS

I understand that our personal insurance is the primary

coverage for my child and that each camper is

covered by limited insurance. In case of emergency

I give the camp permission to prescribe medication

and secure treatment for my child’s care. The camp

will contact me as soon as possible. I will not hold

the Camp Assurance, or its staff responsible in case

of accident or illness. I give my permission for my

child to participate in all camp activities including

trips away from the campgrounds.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

I will cheerfully obey the camp rules and conduct

myself as I am instructed. I also agree to follow

camp’s “modesty standard”. By my signature I agree

to be held accountable to this statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMPER SIGNATURE

**Note about day camps:**

Each day camp registration is from 8:30am-10am. Pickup is from 7:30-8:00pm. We will contact you about your drop off and pickup time at least 1 week before your child’s camp.