

Individual Registration Form

Weekend attending _____
Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____
Grade in school _____ Age _____
Date of Birth _____ M _____ F _____
Email _____
Church _____

Parents authorization for those under 18 years of age: In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure treatment, and order injection, anesthesia or surgery for my child as named above. Our local hospitals, for immediate and efficient care in case of emergency, have requested that the parent's signature be NOTARIZED

Parent or Guardian _____
Date _____
Sworn to me this _____ day of _____, 20____
Family Physician _____
Phone (____) _____
Insurance _____
Policy Number _____
Employee ID _____
Provider/Carrier _____

Please note:

In the event of sickness or illness while at camp, the Parent/Guardian is responsible for all medical expenses incurred under the authorization of the Camp Registered Nurse and/or Doctor. These claims may be submitted to your insurance provider when eligible for reimbursement. In the event of an injury or accident while at camp, claims should be submitted to your insurance provider. Our camper insurance coverage (accidents or injury only) will reimburse you for medical claims that exceed the amount of your personal insurance plan provisions.