

2022 Man Camp January 21-22

Adults ages 12 and up \$75 per person

Children ages 5-11 \$45 per person

4 and under are free!

Allergies??Please tell us your food allergies.

Adults Name: _____ / _____ Food Allergy _____
Phone #: (____) _____ E-mail _____
Address: _____
City: _____ State: _____ Zip: _____

Food Allergy _____
Child's Name & Age: _____ / _____
Child's Name & Age: _____ / _____
Child's Name & Age: _____ / _____
Child's Name & Age: _____ / _____
Child's Name & Age: _____ / _____

Your form does not need to be notarized because the parent is with the child.

Please note if you bring someone else's child there is another form for their parent to fill out and get notarized.

2022 Man Camp January 21-22/Consent for Another's child.

Adults ages 12 and up \$75 per person

Children ages 5-11 \$45 per person

4 and under are free!

Allergies??Please tell us your food allergies.

I have given permission for _____ to bring my child to camp,

Parent's signature: _____ Date: _____

Phone #: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Child's Name & Age: _____/Food Allergy_____

***Notarization: Our local hospitals require forms to be notarized in case of emergency unless the parent is present.

Consent to treat Minor Child

I _____ parent or legal guardian of _____ born

The _____ day of _____, 20____ do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of _____ of address _____, City of _____ State of _____ and I am not reasonably available by telephone to give consent.

This authorization is effective from the _____ day of _____, 20____ to _____ day of _____, 20____. Parent's signature _____ Date: _____

Sworn to me this _____ day of _____, 20____

Notary Seal

Name of Child's Physician: _____ Phone # (____) _____

Name of Insurance Co: _____

Employer ID# _____ Policy # _____ Provider/Carrier _____