

CAMP A: JULY 10-12

Central Texas Day Camp
For children who have completed 1st – 3rd Grades

Registration and Medical Release Form

Name _____ Age _____ Grade Completed _____

Church Group attending with _____

Home Church *(If you attend Church regularly which one)* _____

No Home Church – attending with a friend *(friend's name)* _____

T-Shirt Size (Circle one) Youth S M L OR Adult S M L XL (All Campers receive a Camp T-shirt!)

Can your child swim: Yes Or No

Mother/Guardian Name _____ Day Phone _____

Father/Guardian Name _____ Day Phone _____

Home Phone _____ Pager/Cellular _____

E-Mail Address _____

Home Address _____

City _____ Zip Code _____

Other Names/Phones in case of emergency _____

Please return this form and the registration fee to the church office. All camp fees need to be processed through the church that brings the child to camp.

Medical Release The above named child is allergic to *(list foods, contact type and medications)*

List any medical conditions and/or limitations _____

As an attending counselor or as a parent or legal guardian of the above named student, I understand that the **Kidz Kamp** carries NO medical or hospitalization coverage. Furthermore, I will not hold the **Kidz Kamp** staff or their affiliated churches liable for any accident that may occur while attending **Kidz Kamp**.

In case of an emergency and inability to contact the parent/guardian or emergency contact, the **Kidz Kamp** staff and/or the church sponsors have my permission to proceed with any necessary medical treatment.

Name and phone number of child's physician _____

Parent or Guardian's Signature *(required)* _____

Date _____ Effective for the Day Camp – July 10-12,2017

THIS FORM IS REQUIRED
FOR EVERY CAMPER AND COUNSELOR

COUNSELORS AND WORKERS, PLEASE MAKE A COPY FOR YOUR NEEDS
AS WE NEED THIS FORM TURNED IN ON THE FIRST DAY OF CAMP