

Summer Camp Application Form

(Print out this form then please type or print in dark ink)

Name _____ Church _____

Address _____ Are you a member? _____

City _____ State _____ Zip Code _____ Male / Female _____ Birthdate _____

Home Phone _____ Age _____ Grade Entering _____

Parent / Guardian _____ Email Address _____

Which week of camp will you be attending?

_____ Alpha Camp _____ Jubilee _____ Middler One
_____ Junior _____ Senior High

Medical Profile

Does the camper have any problems with the following medical conditions?

_____ Heart Murmur _____ Diabetes
_____ Asthma _____ Epilepsy or Convulsions
_____ Heart Disease _____ Hay Fever
_____ Sleep Walking

Does the camper have any other current medical problems or restrictions on activities?
If yes, please explain:

May the camper be given: _____ Tylenol _____ Ibuprofen

Is the camper allergic to bee stings? _____ Yes _____ No

Date of last Tetanus Booster: _____

As the parent or legal guardian, I hereby give my permission for a health care professional to do what is necessary for the health of my child. I give permission for my child to participate in all camp activities and for the applicant's picture in camp activities to be used in the camp's public relations materials.

I release the camp and its management from liability in case of accident or illness. We do support and applicant agrees to abide by all Camp Regulations and policies.

Signature of Parent or Guardian _____ Date _____

Health Insurance Company _____ Policy Number _____

Work Phone _____ Emergency Phone _____

Please enclose \$10.00 deposit with this form and mail directly to:

Columbia County Christian Church
4004 Prescott Drive
Martinez, GA 30907