2017 Summer Camp Registration

T-Shirt Size Check One: Youth XS	Youth S You	ith Med	Adult S	Adult Med 🔲 Adult	LG Adult XI	
Camper Information	Воу	Girl	Car	Camper's Age		
Name						
Address		City		State	Zip	
Phone		School Attended				
Date of Birth	Church Membership					
Parent/ Guardian Informa	ıtion					
Mother's Name			Phone			
Place of Employment	Phone					
Father's Name			Phone			
Place of Employment			Phone			
Guardian's Name (If Applicable)			Phone			
Place of Employment			Phone			
Medical Information						
Physician's Name			Phone			
Medical Conditions check the ones that	apply: Asthma	Diabetes	Migraines	☐ Frequent Nose B	Bleeds	
OtherPlease Specify						
List Any Special Medications (mus	be left in the Sum	nmer Camp office)				
Emergency Contacts In the event of an emergency, if you	ı cannot be reache	ed Mt Hebron Summer	Camp is released	to contact the follow	wing persons:	
Name						
Phone			Relationship			
Name			Relationship			
Phone						
Parental Agreement						
I understand that each week's fees are oppomptly or campers will not be allowed						
I will not hold Mt Hebron Baptist Church	or its representatives	liable for accidents or inju	ries during camp rel	lated activities.		
I give my permission for my child to atter	ıd field trips.					
I give permission for my child to be treate	ed medically in case o	of injury, should I not be at	ble to be contacted.			
Signature						