

REGISTRATION AND MEDICAL RELEASE FORM

TEEN CAMP AT CEDAR HILLS 2019

This form must be completed and turned in to your attending church group prior to departure to camp. Churches will then turn in forms to the camp director during registration. Everyone attending camp (student or adult) must have a completed form on file.

Name *(Last, First, M.I.)* _____

Date of birth: *(mm/dd/yy)* ____/____/____ Sex *(circle one)* M F Grade: _____

Home Phone () _____ Cell Phone () _____

Street Address: _____ P.O. Box _____

City: _____ State: _____ Zip: _____

Church Attending With _____

EMERGENCY CONTACT INFORMATION

(Name) _____ *(Relation)* _____ *(Phone)* _____

(Name) _____ *(Relation)* _____ *(Phone)* _____

MEDICAL INFORMATION

(Medication Name) _____ *(Dosage)* _____ *(Time Taken)* _____

(Medication Name) _____ *(Dosage)* _____ *(Time Taken)* _____

- Have you recently been under a doctor's care? YES/NO
- Do you have any allergies or health problems? YES/NO

If yes to either, Please Explain _____

Consent For Medical Treatment and Parental Agreement

I give permission for my son/daughter/legal ward to attend camp and to take part in all activities. He/she will not attend camp if he/she has been exposed to contagious disease, or if he/she is not in good physical condition. I agree to retrieve him/her from Cedar Hills at the request of the camp or it's leadership. I do not hold camp personnel or sponsors responsible for accident or illness, and, if necessary, authorize camp personnel or sponsors to take my child to a medical facility. I also give consent for the medical facility selected to render necessary professional services to my child/ legal ward.

Parent/Guardian Signature _____

Print Name _____ Date Signed _____

Insurance Information

Insurance Company _____ Policy # _____

Primary Cardholder's Name _____ Group # _____