

Central California District
CAMPS : 2017
Summer Camp Registration Form

Choose your camp:

_____ Senior High Camp (July 17-21)
_____ Kids Camp (July 30-Aug. 3)
_____ Early Youth Camp (July 30-Aug. 4)

Camper's Name: _____ Age: _____ DOB: ____/____/____

Address: _____
Street City State Zip

Gender: _____ Student Phone: (_____) _____ Last Grade Completed: _____

T-Shirt Size (Circle) Child XS Child S Child M Child L Adult XS Adult S Adult M Adult L Adult XL Adult XXL

Name of your church: _____

Parent/Guardian: _____ Phone: (_____) _____

Address if different from camper: _____

Health History

List any food allergies, medications, etc. _____

Check all that apply: ___ ADD/ADHD ___ Heart Condition ___ Seizures ___ Diabetes ___ **Asthma

***All medications your child brings to camp must be in its original labeled container.**

**** All individuals with ASTHMA must bring an inhaler.**

Please initial next to what is permissible to give this camper:

_____ Acetaminophen _____ Ibuprofen _____ Anti-Histamine

Date of last tetanus shot: ____/____/____ Swimming Restrictions: _____

Any other camp activity restrictions: _____

CCD Camp Insurance is secondary insurance. If you have medical insurance, your carrier will be billed for medical charges first in case of illness or injuries while at camp. Please complete the information below.

Policy Holder's Name: _____

Insurance Company: _____ Policy # _____ Group# _____

Camper's Physician's Name: _____ Phone#(_____) _____

Signature: _____ Date: _____

Camper Signature: _____ Date: _____