

REGISTRATION FOR CAMP

Please send this form with your registration fee.

Name of Camper _____

Mailing Address _____

Grade Completed _____ Church _____

(Optional) One friend I would like to be in the same cabin with is:

We ask that registrations be sent in by May 15th. We anticipate that the camp will be full again this year, so the registrations will be taken on a first come / first serve basis.

HEALTH INFORMATION

Date of last Tetanus Booster _____

Medication needed for what and usage:

Known allergies:

Menu restrictions:

Camp activity limitation:

DESIGNATED ADULT - (emergency contact - parent, legal guardian or other adult)

Name _____

Relationship: _____

Mailing Address _____

24 hour-a-day phone number(s): _____ (home)

_____ (cell)

EMERGENCY MEDICAL CARE AUTHORIZATION

I understand that all due precaution will be taken, but in spite of this, accidents can happen and illnesses develop; therefore, I will not hold camp leaders or directors liable for an illness or accident resulting from the above-named child's camp experience. In case of a medical emergency, I hereby give permission to the physician selected by the camp leaders or directors to hospitalize, and secure proper treatment for and to order injection, anesthesia or surgery for the child named above.

Parent or Guardian's Signature

X _____

Date: _____

CAMP RULES

No non-prescription drugs, alcohol or tobacco. Modesty in dress is always expected. No inappropriate ads on shirts. Please leave radios, tape players. etc. at home.

COST: \$270.00

Make Checks Payable to: OPC PCA Camp

Do not send any travel or extra activity money with this form.

Lennox area campers will pay an additional travel fee.

Send your registration to:

OPC PCA BIBLE CAMP

c/o Lennox Ebenezer PCA

P.O. Box 632

Lennox, SD 57039

(For office use only)

Date form received _____

Amount paid _____

Cash Check No. _____