Insert Youth Logo Info

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____ M or F

Church: _____

☐ Camper ☐ Staff

T-Shirt Size

☐ Small ☐ Medium ☐ Large

☐ X-Large ☐ XX-Large ☐ XXX-Large

Insert Church Deadlines

Medical Release	Yes	No
Heart Trouble — — —	☐	☐
Lung Trouble — — —	☐	☐
Skin Trouble — — —	☐	☐
Ear Trouble — — —	☐	☐
Sinus Infection — — —	☐	☐
Diabetes — — — —	☐	☐
Allergies (Please Name) —	☐	☐
Asthma — — — —	☐	☐
Permission to Swim — –	☐	☐

Date of last Tetanus Shot ___/___/___

Other: _____

As a parent or guardian, I hereby authorize any hospital emergency staffed physician to administer any needed treatment and to do any procedure which in their judgement may be necessary.

Signature _____

Date _____/_____/_____

Medial Insurance Coverage with:
(Make sure your insurance covers water activities)

_____

Policy Holder _____

Policy Number _____

In case of Emergency, contact _____

Phone _____