



Memorial Baptist Holiday Camp Registration Form 2018-19

Please print legibly:

Name of Camper: _____ Gender: M F Age: _____

Grade Entering _____ Camper's School: _____

Street Address of Camper _____ City, State, ZIP: _____

Holiday: Thanksgiving Christmas Mardi Gras

Dates needed: 3/6 3/7 3/8

Please
CIRCLE

Mother's Name: _____	Father's Name: _____
Primary contact # _____	Primary contact # _____
Secondary contact # _____	Secondary contact # _____

Others authorized to pick up your child at Camp:

Name: _____	Relationship: _____	Contact # _____
Name: _____	Relationship: _____	Contact # _____

Does your child require Medication? Y N If so, please list medication: _____

Does your child have any Allergies? Y N If so, please list allergies: _____

Please list any other medical information you feel the camp should have to better serve your child:

I hereby give written permission for my child to attend camp programs & field trips at Memorial Baptist Holiday Camp. As a Parent/Guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, care, cause disfigurements, physical impairments, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

Parents signature: _____ Date: _____

Registration Payment \$20: _____	Days (\$25 each) Payment notes: _____
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