



BLAST CAMP

SERVE

July 19-23, 2010

Central District Children's Camp **PRETEEN** Registration Form
for students who have **COMPLETED 5th and 6th grade** by camp time

Please give this form to your LOCAL CHURCH REGISTRAR. Make your check payable to your local Missionary Church. Your church will write one check to cover all campers from your church.

PLEASE PRINT

Name _____ Sex _____ Age _____ Birthday _____
Parent's Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____
Home Church _____ Grade completed 5th 6th (circle one)
I would like to room with _____

Medical Information (to be completed by parent/guardian)

List all medications (prescription & non-prescription) camper will bring to camp and their purpose. It is NOT necessary to send analgesics like Tylenol or Motrin. We have these products at camp.

Please CHECK items applicable to camper...

Allergic Reactions:

____ Bee Sting _____ Foods, please specify _____
____ Penicillin _____
____ Tetanus Shot _____ Other, please specify _____
____ Poison Ivy/Oak _____
Date of last TETANUS SHOT _____

Physical Conditions:

____ Sleepwalking _____
____ Bed Wetting _____
Doctor's Name _____
Phone Number _____

Please list any other physical conditions/learning disabilities that should be brought to our attention:

↪ PLEASE notify us (Central District Office @ 260.432.8868) if this child has been exposed to any communicable disease during the three weeks prior to camp attendance!

See page 2 ----->

IN CASE OF MEDICAL EMERGENCY, in the event I cannot be reached at the home or work number given, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery of my child named on this registration. I also give permission to have videotape or photographs taken of my son/daughter to be used for promotional purposes.

Signature of Parent or Guardian _____ Date _____

Health Insurance Company _____ Policy Number _____

