

Camper Registration Form

_____	M F	_____
Student's Name	Gender (Circle One)	Date of Birth (MM/DD/YY)
_____	S M L XL	_____
Grade Entering (Fall of 2008)	T-Shirt Size (Adult Sizes Only; Circle One) Other (Specify):	

Church Contact Information

_____		_____	
Name of Church Attended (or facilitating)		Youth Leader Name (or designated church contact)	
()	()	()	()
Church Phone	Church Fax (if available)	Contact Home Phone	Contact Cell Phone (if available)
_____		_____	
City, ST ZIP Code (of Church)		Youth Leader Email Address	

Family/Emergency Contact Information

_____	()	()
Emergency Contact (Parent or Guardian)	Home Phone	Cell Phone
_____	_____	
Street Address	Email Address	
_____	_____	
City, ST ZIP Code		

Medical Information

_____	_____	_____
Name of Insurance Provider (Company Name)	Policy Number	Group Number
_____	()	_____
Name of Insured (Primary Policy Holder Name)	Claims Phone Number	

Known Allergies or Required Dietary Restrictions of Camper

Special Health Considerations of Camper (Asthma, Diabetes, Epilepsy, Other)

Medications: Indicate Any Medications Camper Will Be Taking At RYC. Include Dosage And Timing Information.

List Any Other Medical Or Physical Restrictions For Camper While At RYC

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that the listed contact cannot be reached in the case of an emergency. I release RYC, LSOPC and individuals from liability in case of accident during, or activities related to, RYC.

_____	_____
Parent's/Guardian's Signature	Date