

Camper Registration Form

Student's Name	M F	Date of Birth (MM/DD/YY)
Grade Entering (Fall of 2009)	S M L XL	Other (Specify):
	T-Shirt Size (Adult Sizes Only; Circle One)	

Family/Emergency Contact Information

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

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		

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
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