

**2010 PRE-REGISTRATION** Camper plans to attend: SR HI\_\_\_ JR HI\_\_\_ Prim. \_\_\_JR \_\_\_ Wilderness\_\_\_

Name \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

M  F  Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade this fall \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Your family medical insurance plan is primary coverage. The camp's insurance will pay costs above your medical plan coverage.

Date of last Tetanus \_\_\_\_\_ Allergies, medications or problems: \_\_\_\_\_

Church you attend \_\_\_\_\_ Camper lives with: \_\_\_\_\_

*parent(s) or guardian(s) names*

I give permission for pictures of my child to be used for publicity purposes. I give permission for my child to receive medical treatment in the event of an emergency.

**Parents' or Guardian's signature** \_\_\_\_\_ E-mail Address \_\_\_\_\_

**If your camper must leave camp other than at closing time, please furnish us with written permission.**