

JUNIOR HIGH & HIGH SCHOOL CAMP REGISTRATION CARD

If under 18 years of age, please have the reverse side filled out and signed.

CAMP: _____ DATE OF CAMP: _____

NAME: _____ M/F _____
Last First

ADDRESS: _____ Apt. # _____
Street

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ (____) _____ (____) _____
Home Work Cell Phone or Pager

ROOMMATE REQUESTS: _____, _____, _____

I do give my consent to have my son/daughter participate with the students from Calvary Chapel Costa Mesa in any and all activities.

OTHER EMERGENCY CONTACTS:

Name: _____ Phone: _____

Name: _____ Phone: _____

Parents Employer: _____ Address: _____

Insurance Co. _____ Policy #: _____ Name of Policy Holder: _____

1. To your knowledge, has your child been exposed to any communicable diseases within the past 21 days? Yes _____ No _____
If yes, please explain: _____

2. Do you know of any health factor(s) that make it advisable for your child to follow a limited program of physical activity? Yes _____ No _____
If yes, please explain: _____

School Attending: _____ Church Attending: _____

Check Amount	Check No.	Cash Amount	Date	By
\$ _____	_____	\$ _____	_____	_____
\$ _____	_____	\$ _____	_____	_____

NOTE: BALANCE IS PAYABLE 2 WEEKS PRIOR TO CAMP TO CONFIRM SPACE

HEALTH HISTORY: To protect your child from possible embarrassment, but not to exclude him/her from the Program, please list any health concerns that we should be aware of. Also include any known allergies to drugs/and or insect stings.

A. _____ B. _____ C. _____

Frequent Ear Infections ___ Heart Defect/Disease ___ Convulsions ___ Diabetes ___ Bleeding/Clotting Disorder ___ Sleep walking ___
Night-Time Incontinence ___ Operations/Serious Injuries ___ Chicken Pox ___ Measles ___ German Measles ___ Mumps ___

Date of Child's last tetanus shot: _____

Name and phone number of your Child's regular physician: Dr. _____ Phone#: () _____

PLEASE LIST ANY MEDICATION THAT YOUR CHILD WILL NEED TO HAVE WHILE AT CAMP:

MEDICATION:	DOSAGE:	WHEN TAKEN:
_____	_____	_____
_____	_____	_____

**In the event of a minor illness or injury (such as cold, headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the Youth Pastor, R.N. or EMT to give my child common remedies such as Tylenol, cough medicine, etc., in dosages appropriate for his/her age, and to clean and bandage or wrap wounds as necessary.

IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and/or my physician. I hereby give permission to the physician selected by the Youth Pastor (or his/her representative) to order X-rays, routine tests, and treatment for the health of my child and to order injections and/or anesthesia and/or surgery for my child named above. This authorization is given pursuant to Section 25.8 of the Civil Code of California. This authorization shall remain effective through the extent of the scheduled program with Calvary Chapel of Costa Mesa unless sooner revoked in writing and delivered to said agent. I further agree that Calvary Chapel of Costa Mesa, its Board of Directors, officers, and staff are hereby relieved of all liability in the event of accident or injury to said Minor.

Parent/Guardian Signature: _____ Date: _____

Minor's Signature: _____ Date: _____

Home Phone: () _____ Work/Emergency Phone: () _____