



Camp Information Form for Summer 2017 Spirit Camps



Complete a separate Registration Form for each family you are registering.

Please fill out this Information Form and return to the Church Youth Education Office, Room 140, by Monday, July 24, 2017.

PLEASE PRINT CLEARLY

1. Camper Name: _____ Age: _____ Gender: _____

Date of Birth: _____ Nickname they prefer to use (if applicable): _____

2. Camper Name: _____ Age: _____ Gender: _____

Date of Birth: _____ Nickname they prefer to use (if applicable): _____

3. Camper Name: _____ Age: _____ Gender: _____

Date of Birth: _____ Nickname they prefer to use (if applicable): _____

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____ Day Phone _____

Email(s) _____

What phone number can you be reached at during camp? _____
(Please list at least two phone numbers)

Who will be dropping off/picking up camper? _____

Contact information for this person: _____

Emergency Contact Information: _____

Family Physician (*name & phone number*): _____

Medical Insurance (*company & policy number*): _____

Insurance Company Phone # to verify coverage or submit claim: _____

Policyholder's name: _____

Please let us know about any considerations we should be aware of about your child; nutritional, emotional, allergies, medications, etc., which will assist us in providing a positive and comfortable experience at camp:

May we use still photos and/or video clips including your child in future promotional or instructional materials (with no identifying names)? _____ Yes _____ No

Please sign below to indicate that you are aware that Unity Church of the Hills and its instructors are not responsible for injuries that might occur during camp.

Parent/Legal Guardian Signature

Date