



**Ignite Your Faith Teen Camp  
August 18-22, 2010  
CAMPER REGISTRATION**

For office use only:  
Paid \_\_\_\_\_ Check # \_\_\_\_\_ Notes \_\_\_\_\_

*Please fill out the form below and send with a check for \$225.00\* (made out to Church of Christ). Mail to the attention of Kevin Bearly, Teen Camp Co-Director. It must be received no later than August 8. **\*If received by July 31, cost is only \$200!***

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Name one person you prefer to room with at camp \_\_\_\_\_

T-Shirt Size S M L XL XXL

Church Home \_\_\_\_\_

**EMERGENCY CONTACTS**

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Relative or Friend \_\_\_\_\_ Phone \_\_\_\_\_

**Newland St Church of Christ  
13852 Newland Street • Garden Grove, CA 92844 • 714-893-5636**



## Ignite Your Faith Teen Camp

### MEDICAL INFO AND RELEASE FORMS

#### MEDICAL INFORMATION

First and Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Med. Insurance Co. \_\_\_\_\_ Number \_\_\_\_\_

Primary Care Physican \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medical conditions or limitations \_\_\_\_\_

List the date of your last tetanus shot and bring or attach a copy of your vaccination records

\_\_\_\_\_

Prescription medications and instructions \_\_\_\_\_

\_\_\_\_\_

(Medications must be labeled and given to the camp nurse upon arrival)

#### MEDICAL RELEASE (for those under age 18)

I \_\_\_\_\_ (parent or guardian) give the Ignite Teen Camp staff permission to have my child, \_\_\_\_\_, treated medically in case of an emergency.

Signed \_\_\_\_\_

Phone \_\_\_\_\_

May we give your child Tylenol for pain or headache? \_\_\_\_\_

#### SPECIAL ACTIVITIES RELEASE (for those under age 18)

Yes, my child, \_\_\_\_\_, has my permission to participate in the Challenge Course activities at Mile High Pines Camp, including the zip line and wall climbing.

(Trained personnel will work with the campers.)

No, my child, \_\_\_\_\_, may not participate in the Challenge Course activities.

Signed \_\_\_\_\_