



**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**



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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 _____