

# 2006 Christian Youth Camp of St. Louis Registration Form

Send Form & Payment To: \_\_\_\_\_

## Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_ Gender: M F  
Grade (finished): 6 7 8 9 10 11 12 Birthdate: \_\_/\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Number & Street)  
Home Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Church (if applicable): \_\_\_\_\_

Do you need transportation to the camp? YES NO  
Can you provide rides? YES NO If yes, how many? \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_  
Medical Doctor Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Insurance Address: \_\_\_\_\_

## Medical Information:

Allergies (list and explain reaction): \_\_\_\_\_

Please list any dietary or physical restrictions on back

Are all immunizations current: Yes\_\_ No\_\_ Date of Last Tetanus Shot: \_\_/\_\_/\_\_\_\_

List all current medications: \_\_\_\_\_

## Registration Fee:

Early Registration (by July 9<sup>th</sup>): \$120  
Regular Registration (by July 16<sup>th</sup>): \$130  
Late Registration (by July 23<sup>rd</sup>): \$140

Please make checks payable to: **TO BE DETERMINED**

*Please enclose payment with this form.*

## Release Form:

I/we hereby authorize the camp director or camp counselors to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Moundridge Camp And Retreat Center, I/we hereby authorize any certified camp personnel to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp counselors will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Moundridge Camp And Retreat Center or Christian Youth Camp of St. Louis to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

In consideration of, and for the right to participate in such an activity by Moundridge Camp And Retreat Center and Asian Christian Youth Camp, its Directors, Officers, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or otherwise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by Christian Youth Camp of St. Louis, its directors, officers, trustees, employees, agents, and/or associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participation

\_\_\_\_\_  
Date