

RA & Boys Summer Camp Registration and Health Information

Camper Name:				_ Birthday:	/	
Camper Address:						
Grade Completing	in School:	(ex.	if your son was/is ir	n 4 th grade this	year the	n write 4 th)
Shirt Size:	Age:					
Camper's Church:						_
Church Contact Person:			Phone:	_()_		
Parent/Guardian N	lame:					
Does the camper I camp program?					ntering t	he full
Does the camper I which we should k						ons about
In Case of Emerg treatment. (We wil			,	irector to reno	ler prop	er
1) Name:	Relationship: _					
Daytime #		Night #		Cell #		
2) Name:						
Daytime #	N	ight #		_Cell #		
Insurance Compa	ny:		Policy/Group #			
The camper may of contact us or the camper may of the contact us or the contact us or the contact us or the contact us or the contact us of the contact us of the camper may	call home in an e camper please caneck all that app □Sore Throat □Allergies □Fever □Measles	mergency wall the campoly and give Sinusitis Spilepsy Polio Mumps Sleep Wa	with the Director's pat 987-5100. • dates if recent) □ Abscessed Ear □ Poor Appetite □ Fainting Spells □ Scarlet Fever □ Islands	permission. If rs □Asthma □Constip □Diabete □Whoopi	you nee □Bron ation s ng Coug	ed to
The Camper may	not be released	to:				

Parent/Guardian Signature: