



## MIDWINTER 2023 REGISTRATION FORM

### CAMPER INFORMATION: (PLEASE PRINT)

Name of Camper: \_\_\_\_\_  
(First) (Last)

Age of Camper: \_\_\_\_\_ Date of Birth: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

Grade: \_\_\_\_\_ Church Attending With: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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

Additional Emergency Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

### HEALTH INFORMATION:

Is CAMPER allergic to any foods? [Circle one] YES or NO

If yes, please list: \_\_\_\_\_

Major operations or illnesses in the past year? [Circle one] YES or NO

Describe: \_\_\_\_\_

Camper is on the following medication (give directions for use) \_\_\_\_\_

\_\_\_\_\_

Other health information: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ [camper name] is in good physical condition with no organic weakness or other problems that would make it unsafe to engage in normal camping activities such as competitive games, running or hiking.

**My signature for approval is below.**

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

### LIABILITY and MEDICAL RELEASE:

I certify that \_\_\_\_\_ [camper name] has my approval to participate in the camp program. FURTHER, I do release and hereby agree to hold blameless the named church and Guadalupe Christian Camp and its employees and agents from any and every claim arising or which may be asserted by me or by any member of my family by reason of participation in said activity or other activities associated with Guadalupe Christian Camp. FURTHER, I do authorize the Minister or Adult Sponsor of this activity, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency or surgical treatment for my child in the event of sickness or injury requiring emergency treatment while on this trip. It is understood that I will assume any financial responsibility for any expenses that may be incurred for said emergency treatment. FURTHER, I do CERTIFY that my child is covered by adequate medical insurance. My consent and signature is given below. **I have read and agree to the information given in this entire form.**

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)