

Send to: Tent Camp, W11209 Avon Rd, Alma Center, WI, 54611

REGISTRATION FORM FOR TENT CAMP

(Write Campers' names on the appropriate lines below)

AGES 5 - 7 _____ DOB _____
AGES 7 - 9 _____ DOB _____
AGES 8 - 10 _____ DOB _____
AGES 11 - 13 _____ DOB _____
GIRLS AGES 5 - 7 _____ DOB _____
BOYS AGES 5 - 7 _____ DOB _____
TEENS AGES 14 - 18 _____ DOB _____
TEEN REWIND _____ DOB _____

CHECK ONE: I will pay the day camp begins I am enclosing check

I would like to donate \$_____ to go toward Tent Leaders' summer expenses

Make checks payable to: **AMF Activities** - \$30 (5 - 7 year old camp - \$20)

Please sign the following medical release:

I will not hold In Faith or its missionaries/staff responsible in event of accident or sickness. I understand that my personal insurance is the primary coverage for my child. In case of medical emergency, I understand every effort will be made to contact a parent or guardian of the camper. In the event they cannot be reached, I hereby give permission to the physician selected by the camp supervisor to give proper care for the child named on this form. I give permission to publicize camp pictures that may include my child.

(Signature) _____

Print Name (parent or guardian) _____

Address _____ Phone _____

_____ Email _____

HEALTH INFORMATION Date of last Tetanus Booster _____

Is the camper on any medication?: YES / NO Kind _____

Instructions for medication :

Allergies (if any) _____

Activity Restrictions :