

CAMP MAYFIELD 2009

Camper Registration

Student Name _____

Sex: M F Birth: mm / dd / yy

Shirt Size: S M L XL XXL

Address: _____

City/State/Zip: _____

Church Name: _____

(Circle one)

Grade this fall: 9 10 11 12 or '09 Grad

MEDICAL INFORMATION:

Parent/Guardian Name _____

Day Phone: _____

Night Phone: _____

Cell/Alternate Phone: _____

Emergency Contact (if you cannot be reached):

Name: _____

Relationship: _____

Phone: _____

Primary Care Physician's

Name: _____

Physician's

Phone: _____

Date of last Tetanus shot: _____

Allergies (please be specific):

Medications now taking:

Necessary medical history (surgeries, illnesses, handicaps, recent health issues). Use separate sheet if needed ...

✂ cut here



**CAMP
MAYFIELD**
HIGH SCHOOL CAMP



WHEN:
AUGUST
9-14
SUNDAY - FRIDAY

EPIC

"The thief comes only to steal and kill and destroy; I have come that they may have life, and have it to the full." John 10:10

Get Ready for an EPIC Camp Week!

- ⚡ Practical Teaching
- ⚡ Energetic Worship/Rallies
- ⚡ Waterskiing/tubing/wakeboarding, swimming, disc golf, rec games, paintball (equipment provided)

WHAT TO BRING

- ❖ Casual clothes for both warm and cold weather
- ❖ Modest Swimsuit
- ❖ Old clothes for group games (could get messy!)
- ❖ Sleeping Bag & Pillow
- ❖ Shower & Hygiene Items (including towels)
- ❖ Bible, Notebook, Pen for chapel & classes
- ❖ Bug Spray
- ❖ Camera & Flashlight
- ❖ Snack Money

DO NOT BRING THE FOLLOWING

Matches or lighters, fireworks, weapons, squirt guns or personal electronic devices (cell phones, cd/dvd players, radios, ipods/mp3 or electronic games/gameboys).



Cost:
\$225
 (\$100 due at Registration)

Please Register with your Local Church. Registration Deadline is July 29.

CAMP MAYFIELD 2009

PERMISSION AND MEDICAL RELEASE

Camper Name

PERMISSION AND MEDICAL RELEASE

I/We the undersigned have legal custody of the camper named above, a minor, and have given our consent for him/her to attend events being organized by the Evangelical Church. I/We understand there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Evangelical Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our minors involvement. In the event that he/she is injured and requires attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Evangelical Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I /We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the camper named above. I/We also agree to bring my/our minor home at my/our own expense should they become ill or if deemed necessary by the Conference camp staff member.

Parent/Guardian Signature

Date

Insurance Information

Insurance Carrier: _____

I.D. Policy # _____

Date of Last Tetanus Shot: _____

