

Mount Moriah camp - July 18-24, 2010

# Registration form

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on July 19<sup>th</sup> \_\_\_\_\_

Sex: Male Female Grade just completed \_\_\_\_\_

T-Shirt Size: Youth M, Adult S, Adult M, Adult L, Adult XL, Adult XXL, Adult XXXL

Parents/Guardian Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Person Picking Up: \_\_\_\_\_ Pick-up day: **FRIDAY PM OR SATURDAY AM**

Camper's Home Church \_\_\_\_\_ **Swimmer or Non-Swimmer**

Emergency Contact \_\_\_\_\_ contact #s \_\_\_\_\_

## PERMISSION FOR TREATMENT

My permission is granted for the Mount Moriah Campground director or staff person in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the information given to the camp is correct and I do release and forever discharge all sponsors and board members of the Mount Moriah Campground from any and all claims, demands, actions, or cause of action, past, present, or future, arising out of any damage of injury while participating in the Mount Moriah Camp Meeting.

Dated this \_\_\_\_\_ day or \_\_\_\_\_, 2010. State of Georgia, County of Jefferson.

Signature \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician's # \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

I have read, I understand, and I agree to abide by the rules and policies of Mt. Moriah Camp concerning procedures, dress code, medications, health, behavior, and registration. I verify that all information provided is correct to the best of my knowledge.

**Parent's Signature** \_\_\_\_\_

**Camper's Signurture** \_\_\_\_\_