

Mount Moriah Camp - July 17-23, 2011

Registration Form

Name: _____

Date of Birth _____ Age on July 17th _____

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 _____, 2011. 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 _____