



Christian Church (Disciples of Christ) in Arizona

4423 N. 24th Street #700, Phoenix, AZ 85016

Office: 602/468-3815 Fax: 602/468-3816

www.arizonadisciples.com

2010 CAMP REGISTRATION & PARENT/GUARDIAN CONSENT

All camps will share one week at camp, Sunday, June 20th – Friday, June 25th

Summer Camp 2010 will take place at Pine Summit Camp, Prescott, Camp will begin at 2pm and end at 11am

REGISTRATION FORMS WITHOUT PASTOR & PARENT SIGNATURES WILL NOT BE ACCEPTED

YOUTH WILL NOT BE ALLOWED TO COME TO CAMP LATE

__ **CYF Conference** (graduated 9th – 12th) __ **Chi Rho Camp** (graduated 6th – 8th) __ **CCF Camp** (graduated 3rd – 5th)
__ **Early Bird \$250** (April 6th) __ **Regular Camp Deadline \$275** (May 4th) __ **Late \$300** (after May 4th)

**PLEASE MAKE CHECK PAYABLE TO YOUR CHURCH AND TURN REGISTRATION FORM IN TO CHURCH OFFICE.
EACH CHURCH WILL SUBMIT ONE CHECK TO THE REGIONAL OFFICE FOR TOTAL NUMBER OF CAMPERS.**

Youth Name _____ **Prefers to be called** _____
First MI Last

Date of Birth _____ **Grade – Fall 10'** _____ **Male** ____ **Female** ____ **Adult t-shirt size** _____
Mo/Day/Yr

Church _____
Name & City

Youth Email Address _____

Youth Residence: _____
Street Apartment #

City State Zip Code

Parent/Guardian: _____ (_____)
First Last Relationship to Youth

Parent's Day Phone: _____ **Evening Phone:** _____

Cell/Pager Phone: _____ **Parent's Email:** _____

Others to Contact in an Emergency:

Name Relationship to Youth Phone

Name Relationship to Youth Phone

CELL PHONES ARE NOT PERMITTED AT CAMP. ALL CELL PHONES BROUGHT TO CAMP WILL BE COLLECTED BY THE DIRECTORS AND PASSED BACK OUT AFTER CLOSING CIRCLE ON THE LAST DAY OF CAMP. THE CHRISTIAN CHURCH DISCIPLES OF CHRIST IS NOT RESPONSIBLE FOR ANY ITEMS OF VALUE THAT YOUTH OR STAFF BRING TO ANY REGIONAL ACTIVITY.

REFUND POLICY: IN THE EVENT THAT A CANCELLATION MUST OCCUR, PLEASE CONTACT THE REGIONAL OFFICE AT 602/468-3815.
IT IS OUR POLICY THAT A 75% REFUND WILL BE GIVEN UP UNTIL JUNE 2ND. AFTER JUNE 2ND NO REFUND WILL BE GIVEN.

For Regional Office Use Only:

Postmarked Date: _____

Pastor Signature Parent Signature Money Filled out Completely

Current Medical Condition:

Allergies: ___ Penicillin ___ Sulfa ___ Poison Ivy/Oak ___ Insect Stings ___ Other: _____
(include foods)

Vaccinations: _____ Current on all vaccinations (date of last tetanus shot _____)

Has had: ___ Chicken Pox ___ Measles ___ Mumps ___ Polio ___ Scarlet Fever ___ Whooping Cough

Health Problems: ___ Sleep Walking ___ Fainting ___ Cold ___ Sinus Condition ___ Sore Throat
 ___ Ear Infection ___ Cramps ___ Hyperventilation ___ Convulsions ___ Diabetes ___ Heart Disease
 ___ Skin Disease ___ Athlete's Foot ___ High Blood Pressure
 ___ Other _____

Restricted Activities/Dietary Needs:

Medications currently marked with NAME, DRUG & DOSAGE. MUST be turned in to Camp Nurse when you arrive at camp.

___ Aspirin ___ Acetaminophen ___ Ibuprofen (as needed)

Name	Dosage	How often?	Reason

Name	Dosage	How often?	Reason

Name	Dosage	How often?	Reason

Treatments by Physician Within Past 12 Months: (List most recent/current first.)

Treating Physician	Phone	Healed?	Condition

Treating Physician	Phone	Healed?	Condition

YES NO

___ AUTHORIZATION to dispense PRESCRIPTION medications.
 ___ OVER-THE-COUNTER MEDICINES, (Such as Tylenol, Ibuprofen, Pepto-Bismol) When Necessary.)
 ___ PERMISSION FOR CAMP STAFF TO OBTAIN NECESSARY MEDICAL TREATMENT FOR MYSELF. (Emergency Contact will be contacted as soon as possible.)

Camper's Insurance Company _____ ID/Policy # _____

Name of Primary on Policy _____ DOB of Primary _____

Camper's Physician _____ Phone Number _____

PARENT SIGNATURE _____

DATE _____

Pastor Section:

Pastor's Signature _____

Day Phone _____

Pastor Note: _____