

T-SHIRT SIZE: (Please circle)
ADULT S M L XL 2XL 3XL

CHURCH/ORG. Mt. olive church
YEAR 2010

TIMBER-LEE URBAN CAMP ---REGISTRATION FORM

CAMPER

PLEASE PRINT!!!

CAMPER NAME _____ AGE _____ GRADE IN FALL _____ MALE
 FEMALE

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

BIRTHDATE _____ CHURCH _____

MOTHER'S NAME _____ AREA CODE & HOME PHONE _____ CELL/WORK PHONE _____

ADDRESS _____ CITY, STATE ZIPCODE _____

FATHER'S NAME _____ AREA CODE & HOME PHONE _____ CELL/WORK PHONE _____

ADDRESS _____ CITY, STATE ZIPCODE _____

***IN CASE OF EMERGENCY, PLEASE CONTACT-
EMERGENCY CONTACT PERSON & RELATIONSHIP _____ EMERGENCY PHONE NUMBER _____

ADDRESS _____ CITY, STATE, ZIPCODE _____

Health History (Circle all that apply)	Diseases(give dates)	Allergies (Circle all that apply)
Frequent Ear Infections	<input type="checkbox"/> Chicken Pox	Hay Fever
Heart Defect/Disease	<input type="checkbox"/> Measles	Ivy Poisoning, etc.
Diabetes	<input type="checkbox"/> German Measles	Insect Stings
Bleeding/Clotting Disorder	<input type="checkbox"/> Mumps	Penicillin
Hypertension	Immunizations	Other Drugs
Mononucleosis	<input type="checkbox"/> Tetanus (last date)	Asthma
Convulsions	<input type="checkbox"/> Other (Specify) _____	Other (specify) _____
Epilepsy	_____	_____
Behavior	_____	_____
Bedwetting	_____	_____

CURRENT MEDICATIONS (Must be in original container along with instructions) _____

MEDICALLY PRESCRIBED MEAL PLAN OR DIETARY RESTRICTIONS _____

OPERATIONS OR SERIOUS INJURIES (DATES) _____

CHRONIC OR RECURRING ILLNESS OR MEDICAL CONDITION _____

OTHER ILLNESSES-INCLUDING MENTAL, PSYCHOLOGICAL OR BEHAVIORAL CONDITIONS _____

ACTIVITIES TO BE DISCOURAGED OR LIMITED AT CAMP _____

ADDITIONAL HEALTH INFORMATION FOR CAMP PERSONNEL _____

PLEASE COMPLETE BACK SIDE OF APPLICATION!!!