

## JAM (Jesus and Me) Registration Form 2009

Camp dates: April 3-4, 2009

Cost: \$20.00 per camper

Check in at 6:00 p.m.

Check out at 5:30 p.m.

Church Name: \_\_\_\_\_ City: \_\_\_\_\_

Church Coordinator: \_\_\_\_\_ Phone # \_\_\_\_\_

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

DOB (month/day/year) \_\_\_\_\_ Sex: Male or Female

Parent /Guardian Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Medical Information:**

Do you have any medical conditions or handicaps that limit your performance? YES or NO

If yes, please explain. \_\_\_\_\_

**Please include a copy of your insurance card.**

Name of Family Physician: \_\_\_\_\_

Physician Phone number: \_\_\_\_\_

List any allergies: \_\_\_\_\_

Is there any activity you do not wish your child to participate in? YES or NO

If yes please explain in detail:

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### **Will your child be taking any medication during camp YES NO?**

If yes please list any Medications (prescription or over the counter – including inhalers), dosages, etc.

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Please place bottles in original bottles in a zip lock bag turn them into camp nurse upon arrival.

### **Emergency Contact information:**

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

Phone Number: \_\_\_\_\_

Emergency Consent: I, the undersigned, parent or legal guardians of the camper, a minor, hereby authorize the director or other responsible staff acting on behalf of Camp Formosa, to act as my Agent, to consent to a medical examination and/or treatment. In case of an emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the emergency name listed. Parents initials \_\_\_\_\_

I hereby certify that all above information is true and complete.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_