

Camp Formosa Registration Form



Event: Spring Retreat Core J.A.M. Jr. Camp Sr. Camp
 Post-Grad Fall Retreat Christmas Retreat Other _____
Dates: _____

Camper Name: _____ DOB: _____ M F
Parent/Guardian Name: _____ Camper's Grade: _____ Shirt Size: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Address: _____ City: _____
State: _____ Zip: _____ Church Name: _____
Emergency Contact: _____ Phone: _____

Leaving Early

All campers will remain at camp until the last day unless we have written instructions from a parent or guardian. Please list the people able to take your child from camp.

1. _____
2. _____
3. _____

Medical Information

Please include a copy of your insurance card.

Name of Family Physician: _____ Phone: _____
List any allergies: _____
Is there any activity you do not wish your camper to participate in? YES NO
If yes please explain in detail: _____

Does your camper have any medical conditions or handicaps that limit their performance? YES NO
If yes, please explain. _____

Will your camper be taking any medication during camp? YES NO
If yes please list any medications (prescription or over the counter – including inhalers), dosages, etc.

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

Emergency Consent

I, the undersigned, parent or legal guardians of the camper, 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.

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

Parent/Guardian Signature: _____ Date: _____

Image Use Permission

I, the undersigned, parent or legal guardians of the camper, grant Camp Formosa permission to use images of my child taken while at Camp Formosa Activities online and for promotional materials.

Parent/Guardian Signature: _____ Date: _____