REVOLUTION 2009
ABLAZE

July 27—July 31, 2009

# Registration Form

**Camper Information**

Camper's First Name | Camper's Last Name

Home Address

City | State | Zip | Grade | Birthday (mm/dd/yy)

Gender: ❍ Boy ❍ Girl | E-Mail

Camper Would Like to bunk with these friends:

Friend's First Name | Friend's Last Name

Friend's First Name | Friend's Last Name

**Parent/Guardian Information**

Father's First Name | Father's Last Name

Mother's First Name | Mother's Last Name

Home Phone Number | E-Mail

Father's Mobile Phone Number | Father's Work Phone Number

Mother's Mobile Phone Number | Mother's Work Phone Number

**Emergency Contact Information**

Contact's First Name | Contact's Last Name

Contact's Relationship to Camper | Contact's Home Phone Number

Contact's Mobile Phone Number | Contact's Work Phone Number

## INFORMATION

**WHEN** › July 27—July 31, 2008

**WHERE** › Lake Williamson Campground in Carlinville, IL (On The Web at www.lakewilliamson.com)

**COST** › $200 › Early Birds Only $175 If Registered By June 30 › Family Discount: $150 each for Two or More

**WHAT** › A Christian Summer Camp for Students Who Will Be in Sixth Through Twelfth Grade This Fall

Camper's First Name | Camper's Last Name

## Medical Information

Name of Family Physician _____ Phone (_____)_____

Do you carry family medical/hospital insurance? ❍ Yes ❍ No

Carrier Name _____ Phone (_____)_____

Group Policy Number _____ Name of Policy Holder _____

Please check Yes or No for each question. If yes is checked, please give approximate dates of occurances and indicate whether mild or severe.

### Medical Conditions

Yes No

❍ ❍ Does this camper have asthma? _____

_____

❍ ❍ Has this camper ever had convulsions? _____

_____

❍ ❍ Does this camper have a heart defect? _____

_____

❍ ❍ Does this camper have any other medical conditions?

_____

_____

_____

### Medications

Yes No

❍ ❍ Does this camper take any medications?

If yes, please list. _____

_____

What is the reason for taking the above medications?

_____

_____

❍ ❍ Is this camper allergic to any medications?

If yes, please list. _____

_____

### Limitations

Yes No

❍ ❍ Does this camper have physical limitations? _____

_____

_____

### Allergies

Yes No

❍ ❍ Does this camper have any allergies?(food, animals, etc.)

_____

_____

**This form must be signed by the camper's legal guardian.**

Due to the challenging nature of activities at ABLAZE Youth Camp, full disclosure concerning the camper's medical history is requested. Campers who arrive with fever, pink eye, or any other communicable disease or undisclosed disability will not be admitted. This health history is correct as far as I know, and the camper listed above has permission to attend ABLAZE Youth Camp, and to engage in all camp activities except as noted. I hereby authorize the medical staff or designated medical professionals to dispense over-the-counter medications as needed to the camper listed above. I agree to disclose any additional medical instructions or information to the ABLAZE Youth Camp medical staff. I hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or anyone authorized by you, of any and all audio recordings, photographs, and/or video images which you have taken of the camper listed above, for use within the scope of Next Level Youth Ministries and New Life Bible Church.

**X**_____ _____ _____

Signature of Parent or Legal Guardian | Print Name | Date