



Fire Up Summer Camp 2011!

Event: Summer Camp 2011
Place: Camp Seely 250 North Highway 138, Crestline, CA 92325
Date: Friday 9th to Sunday 11th of November, 2011

Please complete the following information: incomplete or dishonest information may result in denial of admission to the camp.

Personal Information:

Name: _____ Phone: _____ E-mail: _____

Address: _____ City: _____ Zip _____

Date of Birth: _____ Grade: _____ Age: _____ Sex: **F M**

Name of Parent or Guardian: _____ Phone: _____

Name of Emergency Contact: _____ Phone: _____

Relationship: _____

Name of Emergency Contact: _____ Phone: _____

Relationship: _____

Medical Information: Please complete all your information – (use the back of this sheet if you need to provide more details)

Allergies: _____ Asthma: _____ Serious Conditions _____

Any medical intervention within the Last Year: _____ Activity Restrictions: _____

Medications: _____ Overall Health to Date: _____

Permission for Emergency Medical Actions

I _____ parent of _____ give Christians Ministries and partner churches the permission to seek emergency medical attention if my child was to become ill or if injured during the camp. *(write your own name if over 18)*

Liability Agreement

I _____ parent of _____ **do not** hold Christians Ministries and partner churches or any of its members liable for any damages, injuries, or accidental death(s) while at camp. I also take full responsibility for the Actions of my child and will be hold liable for any damages, injuries or any eventuality. I will have my child comply with all regulations and rules set forth by the leadership involved in this trip. *(write your own name if over 18)*

By signing this form I assume complete responsibility of the information provided and guarantee that this information is accurate to the best of my knowledge. I have read and understand this agreement fully and will comply with all that has been stated.

Parent Signature: _____ Date: _____

Participant signature: _____ Date: _____