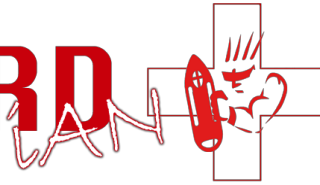


# LIFEGUARD

Guard the trust | Timothy 6:20



CAMP REGISTRATION **2019**  
July 15th - 19th

\$50 Deposit due by March 10, 2019

Camper is \_\_\_male \_\_\_female

Grade as of August 2019 \_\_\_\_\_

Date of Birth \_\_\_\_\_

Shirt Size \_\_\_\_\_

Name (first, last) \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone \_\_\_\_\_

Emergency Info.

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Father's work phone \_\_\_\_\_ Father's cell \_\_\_\_\_

Mother's work phone \_\_\_\_\_ Mother's cell \_\_\_\_\_

If a parent can't be located, who should be contacted?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Does the camper have any food allergies? \_\_\_\_\_

(If yes, please list and explain on a separate sheet.)

Does the camper listed have an emotional or behavioral problem? \_\_\_\_\_

(If yes, please explain on a separate sheet and also advise if he/she is under a doctor's care for the problem.)

Is camper on any prescription medicine? \_\_\_\_\_

(If yes, please list types and reasons for medication on a separate sheet)

If you have medical insurance, please attach a copy of the insurance card (front and back) for hospital use. (This prevents delay of treatment in case of emergency.)