C.C.Y.C. CHURCH OF CHRIST YOUTH CAMP

Camper's Last Name _____ Camper's First Name _____ Boy ____ Girl ____

Camper's Address_____ City _____

State _____ Zip Code _____ Date of Birth: _____/_____/_____ Age _____

Home Phone (____)_____ Emergency No. (____)_____

Insurance information – NOTE: THE INSURANCE THAT CCYC HAS <u>WILL ONLY PAY THE DIFFERENCE OVER AND ABOVE WHAT YOUR PRESENT MEDICAL INSURANCE WILL COVER</u>.

Health Record--- Date of last Tetanus shot _____

Health Insurance Information---Insurance Company Name _____

Group # _____ I.D. #_____

If you <u>DO NOT</u> have medical insurance: _____ Date_____
Signature of Parent/guardian

Allergies---Food, medication, insect or other allergies and describe the reaction and management of the reaction.

Allergy: _____ Reaction/management _____

Allergy: _____ Reaction/management _____

Allergy: _____ Reaction/management _____

Medications ____ This camper takes no medications regularly.

Medication _____ Dosage _____ Taking for? _____

Medication _____ Dosage _____ Taking for? _____

Medication _____ Dosage _____ Taking for? _____

In signing this form below, I do hereby give authority for the above listed camper's care to the Church of Christ Youth Camp (CCYC) Staff. I give my permission for my child to go on camp activities that require leaving the camp grounds and to ride in the vehicles and buses provided. I authorize the CCYC medical staff to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States. I hereby release CCYC from any responsibility other than normal supervision and care. In case of accident I will not hold CCYC or its staff members or management liable unless guilty of negligence. I hereby give permission for any photos or video to be taken during camp to be used for promotional procedures.

Signature of Parent/guardian
_____Date_____

*****This portion to be filled out by the camper's Evangelist, Elders or Youth Leader.*****

Bible Knowledge: Good_____ Fair_____ Poor_____ Athletics: Good_____ Fair_____ Poor_____

CCYC will remove the portion below this line at time of check in at camp

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Canteen / Fruit Break Card

Camper Name _____

	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.
Morning	XXXXXX	Fruit	Fruit	Fruit	Fruit	Fruit
Mid-Day	XXXXXX	Canteen	Canteen	Canteen	Canteen	Canteen
Night	Canteen	Canteen	Canteen	Canteen	Canteen	XXXXXX