



ALABAMA CAMPS 2008 REGISTRATION FORM

There is no pre-registration. Bring an application with the appropriate signature and fee. Registration for the Youth will take place on the first day of the camp beginning at 10 A.M. Make checks payable to the Alabama District Youth. Youth Camp is \$70.00. First service is Tuesday at noon.

Senior High Camp – June 3-6 \$70
(Ages 16-24)

Teen Camp – June 17-20 \$70
(Ages 12-15)

Name _____	Date _____	Age _____
Sex _____	Race _____	Nationality _____
Address _____		
Parent or Guardian (If applicable) _____		
Home Church _____		
Departure ? (Check One) () Friday Night () Saturday (Must Be Approved) Other _____		
Home Phone _____	Work Phone _____	Pastor's Phone _____
MEDICAL INFORMATION		
Allergies: _____		
Are you under doctor's care ? () Yes () No		
If so, for what treatment? _____		
Do you have any known medical problems? () Yes () No		
If so, list treatment and medication being taken _____		

Have you had a tetanus shot in the past twelve months? () Yes () No		
Are you a diabetic? () Yes () No		
Glasses ? () Yes () No Contact Lenses? () Yes () No		
Hearing Aid ? () Yes () No Other: _____		
Do you have medical insurance? () Yes () No		
Will it take care of emergencies? () Yes () No		
Insurance Carrier: _____ Policy Number: _____		
Please list an emergency phone number: _____		
In the event of sickness or a accident, I hereby give permission to the camp nurse and/or administrators to secure emergency medical care. (Those 18 and under must have parent or guardian signature.)		
Authorized Signature _____		

SIGNATURES

I have read the guidelines and agree to abide by all of them. I will cheerfully submit to and cooperate with all staff members while at camp. I authorize camp personnel to inspect my luggage at any time they deem necessary.

Applicant Signature _____

As Pastor, I recommend this person and believe that he/she will conduct himself/herself in a manner becoming a Christian.

Pastor's Signature _____