

LAUREL RIDGE MISSION CAMP FORM (youth)

MISSION CAMP ATTENDING _____

Registrant's Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Phone _____

Gender: M F Congregation _____

Parent/Guardian's Name _____

Work Phone _____ Cell _____

Emergency contact (if parent can't be reached) _____

Relationship to camper _____

Phone _____

Grade camper completed, June 2010 _____

SKILLS CHECK

Prior Mission Camp experience Y N

If yes, how many weeks/trips? _____

Please list any particular skills you have related to Mission Camp work:

Medical/Insurance Information

Name of Physician _____

Phone _____

Please list all known allergies, medical conditions and important medical histories of which the Laurel Ridge staff and/or qualified medical personnel should be aware. Also, please list all medications that the camper is currently taking.

Last tetanus shot: ___within 1 year ___1-5 years ___5-10 years ___unknown

Insurance Company Name _____

Policy Holder _____

Policy Number _____

List any secondary insurance coverage _____

Permission

My son/daughter, _____, has permission to attend the Mission Camp at Laurel Ridge Camp & Conference Center in Laurel Springs, NC and to participate in off-site activities. In the case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the above named youth. In the event that I or the emergency contact cannot be reached, I hereby give permission to the youth leaders and/or Laurel Ridge staff to select a physician, hospitalize, secure and consent proper treatment, and order injection, anesthesia or surgery for my child.

Signature of parent/guardian _____

Date _____