

**Camper Registration Form**

Registration is due by **June 1<sup>st</sup>** and late registration may be permitted if space is available.

- A \$50 non-refundable deposit for each registered camper is due by **June 1<sup>st</sup>**.
- The remaining \$275 balance (\$325 total less \$50 deposit) is due at check-in or may be mailed in prior to camp.

_____	<b>M</b> <b>F</b>	<b>6<sup>th</sup></b> <b>7<sup>th</sup></b> <b>8<sup>th</sup></b> <b>9<sup>th</sup></b> <b>10<sup>th</sup></b> <b>11<sup>th</sup></b> <b>12<sup>th</sup></b> <b>Post HS</b>
Camper's Name	Gender (Circle One)	Grade Entering (Fall of 2018)
_____	<b>S</b> <b>M</b> <b>L</b> <b>XL</b>	<b>Other (Specify):</b> _____
Date of Birth (MM/DD/YY) (Must be 11 by August 31 <sup>st</sup> )	T-Shirt Size (Adult Sizes Only; Circle One)	

**Family/Emergency Contact Information**

_____	(    )	(    )
Emergency Contact (Parent or Guardian)	Home Phone	Cell Phone
_____	_____	
Street Address	Email Address	
_____	_____	
City, ST ZIP Code		

**Church Contact Information**

_____		_____	
Name of Church Attending (or facilitating)		Youth Leader Name (or designated church contact)	
_____	_____	_____	_____
Mailing Address (of church)	City, ST, Zip	Mailing Address (of church contact)	City, ST, Zip
(    )	_____	(    )	_____
Church's Phone	Email (of church)	Youth Leader's Phone	Email (of church contact)

**Medical Information**

_____	_____	_____
Name of Insurance Provider (Company Name)	Policy Number	Group Number
_____	(    )	_____
Name of Insured (Primary Policy Holder Name)	Claims Phone Number	
_____		
Known Allergies or Required Dietary Restrictions of Camper		
_____		
Special Health Considerations of Camper (Asthma, Diabetes, Epilepsy, Other)		
_____		
Medications: Indicate Any Medications Camper Will Be Taking At RYC. Include Dosage And Timing Information.		
_____		
List Any Other Medical Or Physical Restrictions For Camper While At RYC		

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that the listed contact cannot be reached in the case of an emergency. I release RYC, Presbytery of the South, Lake Sherwood OPC and individuals from liability in case of accident during, or activities related to, RYC.