

**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 \$300 balance (\$350 total less \$50 deposit) is due at check-in or may be mailed in prior to camp.
- **Family Discount:** *There is a \$50 discount for multiple campers from the same family. First camper would be the regular \$350 with each additional camper being \$300.*

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

**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	(      ) Youth Leader's Phone	Email (of church)	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.