



Camper Registration Form + AGES 8-12

Please read and complete ALL portions of this registration form.
We are unable to accept incomplete forms; incomplete forms will be returned for completion.
Please contact us if you need assistance or if you have any questions. Thank you.
 Free Camp; PO Box 6824 Columbus, GA 31917
 Phone: (706)662-9873 Fax: (706)596-0506

CAMPER INFORMATION ✦ Must Be Completed

First Name:	Last Name:	
Address:	E-mail:	
City:	State:	Zip:
Home Phone:	Cell:	
Date of Birth:	<u>CURRENT AGE:</u>	<u>GENDER</u> (circle): Male Female

FAMILY / EMERGENCY INFORMATION ✦ Must Be Completed

*Parent/Guardian: _____ *Work/Mobile Phone: _____

1) Emergency Contact:	Relationship to Camper:
Home Phone: _____	Work/Cell Phone: _____
	Authorized to Pickup Child <input type="checkbox"/>
2) Emergency Contact:	Relationship to Camper:
Home Phone: _____	Work/Cell Phone: _____
	Authorized to Pickup Child <input type="checkbox"/>
3) Emergency Contact:	Relationship to Camper:
Home Phone: _____	Work/Cell Phone: _____
	Authorized to Pickup Child <input type="checkbox"/>

In case of emergency or at camp dismissal, 2 of the above contacts must be AVAILABLE and IN TOWN during the camp.
Also, please initial next to those persons who are authorized to pick up your child from camp.

CHURCH / MISCELLANEOUS INFORMATION

Church You Attend: _____ City, State: _____

Do You Have a Bible? (circle) YES, I will bring it to camp NO, I don't have one

How Did You Hear About Free Camp? (circle one): Attended Church Friend Other

T-SHIRT SIZE (circle one):

Children: Youth Small (sz 6-8) Youth Medium (sz 10-12) Youth Large (sz 14-16)

Adult: Small Medium Large XL XXL XXXL

<p><i>I understand that I must follow all camp rules and obey all camp staff. If I do not, I will not be allowed to participate, and if necessary, I will be sent home.</i></p> <p>_____</p> <p>Camper Signature _____ Date Signed _____</p>	<p>Office Use Only</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 10px; width: 30px; height: 30px; text-align: center; line-height: 30px;">CD</div> <div style="border: 1px solid black; border-radius: 10px; width: 30px; height: 30px; text-align: center; line-height: 30px;">CB</div> </div>
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INSURANCE INFORMATION Must Be Completed

Please provide a copy of policy information, if possible.

Name of Insured: _____ (Policyholder)
Medical Insurance Co.: _____
Employer: _____ Policy/Certificate #: _____
Employer Group No.: _____

MEDICAL HISTORY Must Be Completed

Please check all that applies

Asthma Heart Problems Diabetes Seizures Hypertension Lung disease

Other (be specific) _____

Medicine/Food Allergies (list) _____

Please recognize that Free Camp utilizes physical and outdoor environments. However, we recognize that some have physical/mental limitations/restrictions. Please list ALL that apply.

Date of last Tetanus shot: _____

Medication Administration

Medications accompanying youth to camp must be presented to camp officials upon arrival. All medication must be in the original container. A written request from parent/legal guardian must accompany all medication stating dosage and time to be administered. Medication **WILL NOT** be given without this permission. Over-the-counter treatments may be implemented by the staff for minor illnesses, if needed. No aspirin or products containing aspirin will be administered. Medications that are not picked up at end of camp will be properly disposed if not collected in a reasonable time frame.

RELEASE / AUTHORIZATION Must Be Completed

I, the undersigned parent/legal guardian, hereby grant permission for my child to participate in the pre-arranged activities relating to the camp, including the travel to and from such pre-arranged games and events.

I hereby, for and in consideration of the activities with Columbus, GA Free Camp, do hereby authorize any adult staff member to secure, obtain, or otherwise see to all medical care/treatment, including any emergency operation requiring anesthesia which, in the opinion of said adult and in consultation with competent medical personnel, may be necessary as a result of injuries or illness sustained by said child while engaged in camp-related activities.

I prefer Dr. _____, Phone (_____) _____ be contacted, if convenient and practical.

I do here further release Columbus, GA Free Camp, from any and all claims, demands, actions, or causes of actions made by me or any other person under my direction of control by virtue or as a result of any injury or illness sustained by aforementioned child while engaged in any camp-related activity. **I accept responsibility for payment of expenses incurred as a result of medical treatment.**

I do here further authorize Columbus, GA Free Camp to publish and or present any recorded media of said child in the advertisement or promotion of Free Camp and its activities. I also recognize and understand that my aforementioned child **MUST** obey the rules and regulations of the camp or he/she will not be allowed to participate and, if deemed necessary, will be sent home.

Signature of Parent/Legal Guardian

Date Signed



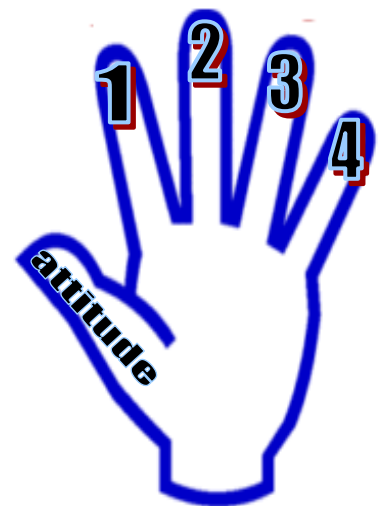
CAMPER (8-12) Registration FREE CAMP 2010 July 9-July 12, 2010

At Franklin D. Roosevelt State Park
2970 GA Highway 190 Pine Mountain, GA 31822-2200

- ✦ If possible, please mail or return completed registration form in by Sunday, June 25th, 2009. (If you have any questions, contact William Rivera (706) 662-9873)
- ✦ Campers may begin checking in for camp at 2:00 pm on Friday, July 9th, 2010 at CAMP Franklin D Roosevelt State Park. The time is subject to change if we are allowed to meet at an earlier time.
- ✦ A parent/legal guardian or authorized emergency contact must personally withdraw campers through Registration before a child can leave the event or at camp dismissal.
- ✦ CAMP DISMISSAL is at 2:00 pm on Monday, July 12th, 2009 at FD Roosevelt State Park.

All Campers should follow the
**Four Rules,
One Attitude Principle**

- 1) **RESPECT** all facilities and all the people in them;
- 2) **REMAIN** in the area until the event is over;
- 3) **STAY IN** the boundaries of camp and camp events & **STAY OUT** of areas only for a specific gender;
- 4) **OBEY** all leaders; and
CHRISTIAN CONDUCT should be displayed at all times





CAMPER CHECKLIST

*Please make every effort
to have these items.*

- | | |
|--|--|
| <ul style="list-style-type: none"> ✦ All items should be brought in a duffle bag, suitcase, or backpack with your name on it. ✦ Small duffle bag/backpack to carry items during travel to events/activities ✦ Sleeping Gear
(sleeping bag/bedroll, pillow, air mattress; FREE Camp does not provide beds!) ✦ Pillow ✦ Pajamas/Night Clothes ✦ Clothes for 3 days
(modest shorts, pants, tops, and warm clothes in case of cool weather) ✦ Jacket/Sweater
(just in case) | <ul style="list-style-type: none"> ✦ Prescription Medication
(properly marked and stored; plus, we can't make sure you take it if you don't bring it) ✦ Towels & Washcloths ✦ Shampoo & Soap ✦ Toothbrush & Toothpaste ✦ Other grooming/hygiene accessories
(hairbrush, deodorant, etc.) ✦ Sunscreen & bug repellent ✦ Swimsuit
(Girls: two-piece suits are to be covered with a t-shirt) ✦ BIBLE
(If you don't have one, please mark it on your registration form!) |
|--|--|

IMPORTANT

Mark each item clearly.

DO NOT BRING:

Cell Phones, money, jewelry, radios, tape/CD players, handheld games, expensive clothes/shoes, or any other item that would cause loss if broken or misplaced.

*Christian Heritage Church, affiliate & guest churches/organizations,
and the workers of these organizations
are not responsible for lost or broken articles.*

Please return the front of the registration form to:

FREE CAMP
PO Box 6824 Columbus, GA 31917