



ALABAMA CRUSADER CAMP 2010 REGISTRATION FORM

There is no pre-registration. Bring an application with the appropriate signature and fee. Registration will take place on the first day of the camp beginning at 9 A.M. Make checks payable to the camp you are attending. Please circle the camp you plan to attend.

June 22-25 \$80
(Ages 8-11)

Name_____	Birthdate_____	Age_____
Sex_____	Race_____	Nationality_____
Address_____		
Parent or Guardian (If applicable) _____		
Home Church_____		
Phone: Father's Cell:_____	Mother's Cell: _____	
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

Diagnosed with ADD/ADHD? () 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 an 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_____