



**ALABAMA CRUSADER CAMP 2011
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 21-24 \$80
(Ages 8-12)

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 a 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 _____