

Camper Registration Form

ALL CAMPERS MUST HAVE A COMPLETED REGISTRATION FORM

This entire form must be completed by parent/guardian

Name: _____ Birthdate: ____/____/____ Age _____ Sex _____

Parent or guardian: _____

Home Address: _____
(Street and Number) (City) (State) (Zip)

Primary Phone _____ Additional Phone _____

Grade completed by 6/10 ____ Camp Attending: PRIMARY JUNIOR

Name of church _____ City _____

Pastor's name _____

Roommate Preference: (name of camper or church group) _____

Desired T-shirt size: Children's Sm ____ Med ____ Large ____ OR Adult Sm ____ Med ____ Large ____ XL ____

Family Doctor _____ Phone (with area code) _____

Insurance Company Name _____

Name of insured _____

Insurance Company Address: _____

Policy # _____ ID # _____

• Does your child have any physical restrictions or medical problems that we should be aware of (ie: diabetes, asthma, allergies, etc.)?

• Are there any behavior or emotional concerns we should be aware of?

Authorizations Form

Activities Statement: I hereby give my permission for _____
to participate in all camp sponsored activities with the exception of the following: (List restrictions: If
none, state "none") _____

Parent/Guardian Signature

Security Search Waiver: For the protection and safety of the whole camp, I hereby give
permission to the camp staff to search my son/daughter's items if deemed necessary.

Signature: _____

Date: _____

Parent's Authorization for Medical and Surgical Care: This release authorizes any
certified personnel of the North Arkansas District Camp to call a licensed physician or medical facility
and to administer medical aid and treatment for my child at any time when they believe an emergency
exists. This would include all treatment such as medication, minor or major surgery, and the like.
Parents will be contacted by phone if treatment is deemed necessary.

Signature: _____ Date: _____

**FOR JUNIOR CAMPERS ONLY: Parents, please sign the zip line waiver if your child has
permission to participate in the zip line. Include it with your child's application.**

Mail Registration and Authorization pages along with a church check for the registration amount to:

First Church of the Nazarene
c/o Todd Richardson
ATTN: Children's Camp
PO Box 687
Conway, AR 72033

NO CAMPER ADMITTED WITHOUT COMPLETE REGISTRATION AND AUTHORIZATION FORMS