

The Churches of Christ in Christian Union

2017 Teens of Praise Registration

Please **PRINT** and carefully complete this form. Please fill out one form per camper. Payment of the entire camp fee is required with this registration. Refunds are permitted up to one week prior to the start of each camp.

Section 1: Camp Selection

Make checks payable and mail to:
CCCU, 1553 Lancaster Pike, Circleville, OH 43113

Section 2: Camper Information

Camper's Name _____ Gender: Male Female
 Address _____ Phone _____
 City _____ State _____ Zip _____ Date of Birth _____
 Age at time of camp _____ E-mail _____
 Home Church _____
 School _____ Grade Completed _____
 Parent/Guardian Name 1. _____ Phone _____
 Parent/Guardian Name 2. _____ Phone _____
 Roommate Request 1. _____ 2. _____ T-shirt Size _____

Section 3: Camper Pledge

I promise to attend all activities and services, unless officially excused, to obey all the rules of the camp and the grounds, and to conduct myself as a lady/gentleman at all times.

Camper Signature _____ Date _____

PLEASE TURN OVER AND COMPLETE SIDE TWO

CAMP REGISTRAR USE ONLY

Fee Paid _____ Check # _____ Room # _____ Team # _____

TO BE COMPLETED ON DAY OF DEPARTURE ONLY

Picked up by: _____ Date _____ Time _____

Medical Information & Release

The information below is necessary for the camp nurse and/or coordinators to adequately treat your child in the event of an injury or illness. All information will remain confidential.

Section 4: Personal Information

Camper's Name _____ Date of Birth _____

Family Physician _____ Phone _____

Insurance Company _____ Policy/ID _____

Section 5: Medical History

Is this child up to date on all immunizations? Yes No Date of last tetanus booster _____

Medications your child is currently taking: _____

All medications must be turned in to the camp nurse at check-in. Medications must be in their original container with the patients name and the name of the medication on the bottle.

Allergies: _____

Is this child able to participate in strenuous activities such as swimming and athletics? Yes No

Chronic or existing illnesses, past medical treatments or other current medical conditions:

Section 6: Emergency Contact

Name _____ Phone #1 _____ Phone #2 _____

Name _____ Phone #1 _____ Phone #2 _____

Section 7: Parental Release

I understand that my child is under the supervision of quality leadership while attending camp. However, I also understand that my child will be participating in activities that could cause possible injury, such as swimming, sports, canoeing or construction projects depending upon the camp he/she is attending. I understand that great care is taken to ensure the safety of my child but that some of the activities may be dangerous by nature. Therefore, I release the camp and its governing board(s) as liable or responsible for injuries in the event of a lawsuit. I also give permission for my child to be transported off campgrounds for participation in camp activities. Furthermore, I authorize the Camp Coordinator, Assistant Coordinator, Camp Nurse, or any other official they deem appropriate to seek any necessary examination, treatment and/or hospital care for the camper named above under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the State of Ohio. I grant permission for photographs to be taken of my child for camp directories and for publicity use.

Parent/Guardian Signature _____ Date _____

If I am unable to pick my child up, I give _____ permission to bring my child home.