



REGISTRATION FORM

Fill out the form below and mail it to:

Church of Christ
554 NW Newport Avenue
Bend, OR 97701

*Registration forms must be turned in no later than July 15, 2012
Parents must sign the medical form before an application is accepted*

Date: _____

Camper's Name: _____

Age: _____ Boy Girl

School Grade Completed: _____

Parent or Guardian: _____

Address: _____

Phone: _____

Emergency Phone: _____

T-Shirt: SM M LG XLG

Medical Information

List any physical or emotional conditions that would limit the above named camper's participation in camp activities:

List any medication needed and dosage:

Medical Treatment Authorization

As parent or guardian of _____, authority is given to the Directors of Round Lake Camp 2012 to place the above named camper under the care of a legally qualified physician, dentist or hospital if in the judgement of the Directors it is considered advisable. Round Lake Camp 2012 is released from any liability in connection with the above named camper, except as covered by Round Lake Christian camp insurance.

Insurance Co. _____

Insurance Policy # _____

Signed: _____

Date: _____