

# Camper Application

Camper's Name \_\_\_\_\_ Male\_\_ Female\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Email address \_\_\_\_\_ Camper's DOB \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Pastor's Name and Church \_\_\_\_\_

I plan to attend the following camp or camps:

Please circle camp attending:

Couples' Retreat I

Junior I

Singles' Retreat

Couples' Retreat II

Junior II

Summit Trails Backpack

Men's Retreat

Junior III

Ladies' Retreat

Blizzard Blowout

Upper Teen

Science Camp

Snow Rage

Young Teen

Father and Son Work Retreat

Camp Meeting

Family Focus

Whetstone Conference

Please answer the following questions by circling the correct answer:

1. Is the camper allergic to any food, drugs or other substances? Yes No  
Explain: \_\_\_\_\_

2. Is the camper currently taking any medications? Yes No If the answer is yes, what is the medication? \_\_\_\_\_

3. In the event of an emergency, is there any other information we should know about the camper that would be pertinent to seeking treatment?  
\_\_\_\_\_

4. In the event I am unavailable at the time, I hereby give my permission to the physician, which the camp director chooses, to perform any EMERGENCY medical treatment (including surgery) as may be necessary. Should my camper need to see a doctor, I agree to send Red Cliff Bible Camp \$100 to partially defray the deductible and travel cost for care.

Required Signature of Parent or Guardian

Date