

To be completed and signed by the parent/guardian of the camper. Please print using black or blue ink.

Camper's full name: _____

Parent/Guardian's name _____ Email _____

Mailing address (if different from camper's): _____

City: _____ State: _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Physician's Name _____ Phone (____) _____

Medical Insurance Carrier _____ Policy # _____

Does the camper take any medications? Yes No. If "Yes," please attach a list of medications and doctor's instructions for use, including: dosage, times needed, and reasons taken. ALL medications brought to camp must be checked in with the camp nurse. (A qualified nurse will be on duty 24-hours a day).

Date of last medical examination ____/____/____ Date of last tetanus shot ____/____/____

Allergies (Check all that apply)

- Animals Insect sting Pollen Food Medicines/drugs Other

Chronic Health Conditions (Check all that apply)

- Asthma Bleeding/Clotting disorder Diabetes Ear Infection Fainting Heart defect/disease Seizures Other (please specify) _____

Other Health Conditions (Check all that apply)

- Bed wetting Dental/braces Eyesight Hearing impairment Motion sickness Other (specify) _____

Emergency Contact _____ Phone (____) _____

I, the undersigned parent/guardian, consent to the camper's participation in Mariposa Avenue's Sierra Bible Camp (June 23-30, 2018). I authorize in advance any adult camp staff member consent to any medical or surgical diagnosis, treatment, and/or hospitalization, that is deemed necessary during the duration of camp (or travel), and agree to be financially responsible for all said treatment. My child is physically able to participate in the sports and other activities of the camp. Any exceptions must be written and attached to this form. I understand that I will be required to pick my child up if he/she does not abide by the camp rules. I hereby release the staff and any supporting group from any financial liability from this applicant's participation.

Parent/guardian signature _____ Date ____/____/____

Regular registration (complete form and prepayment postmarked on or before June 1, 2019): \$25.00

Please print and Complete BOTH SIDES of this form in black or blue ink

Camper name: _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Email _____

Age ____ Birthdate ____ / ____ / ____ Next grade in school _____

Male Female Home Congregation _____

Special Cabin Assignment Requests _____

Does Camper need ride to camp? Yes No

Each camper will receive a t-shirt. Please indicate size _____

Please make check payable to 'Mariposa Church of Christ' and send/mail check with application to:

Mariposa Avenue church of Christ | 7111 Mariposa Avenue | Citrus Heights, CA 95610 | Ph. (916) 725-3946

Sponsored by:
Mariposa Avenue Church of Christ
7111 Mariposa Avenue
Citrus Height, CA 95610
(916) 725-3946
www.mariposachurchofchrist.org

John 15:1-17

Friends

Sierra Bible Camp
June 22-29, 2019