NON-SUMMER CAMP REGISTRATION 9181 Whitewater Camp Rd Vevay, IN 47043 (812) 534-3020 www.whitewaterchurchcamp.org whitewatercamp1@gmail.com Event Attending:
PERSONAL INFORMATION Please read and complete the information needed on this form.
Name: (Last) (Mi)
Phone: () Email address:
Address:
City: State: Zip:
Age: Date of Birth: //
Immersed Christian: [] Yes [] No Gender: [] Male [] Female
Home Church:
MEDICAL INFORMATION This information may be needed by the Camp Nurse, Hospital or Physician
Emergency Contact Name: Phone: ()
Physician Name/Practice:
Important Medical Information:
Allergies:
Last Tetanus Shot://
Medications:
PERMISSIONS: Please Read Carefully! [] I hereby give my permission for the above named camper to attend camp and participate in all its activities. [] I affirm that my child and I agree to abide by all camp policies and protocols. [] I consent WCSC to provide medical care and/or to receive emergency medical care if I cannot be contacted or delay to obtain my personal consent would reasonably jeopardize the life, health, or wellbeing of my child. [] I give permission for my child's photo or video likeness to be used in camp promotional materials.
PRINT: DATE: SIGNATURE: DATE: /
THIS SPACE IS FOR PARENTS THAT MAY NEED TO INCLUDE MORE INFORMATION THAT CAMP STAFF SHOULD