

WINTERBLAST 2019  
**LEADER** Registration Form

Weekend Date: \_\_\_\_\_

Church Name: \_\_\_\_\_ Group Leader: \_\_\_\_\_

Leader Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Circle One: Male/Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**MEDICAL INFORMATION:**

Please list any known food or environmental allergies, medical problems and/or physical limitations:

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ PHONE: \_\_\_\_\_

**INSURANCE INFORMATION:**

This camper is covered by family medical/hospital insurance: Yes or No (circle one)

If NO, by signing, I agree to pay for any necessary treatment: \_\_\_\_\_

Ins. Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group #: \_\_\_\_\_

**Permission:**

*The medical information above is correct as far as I know. I understand and certify that my participation at Camp Orchard Hill's Winterblast is completely voluntary and I have familiarized myself with the camp's program and activities in which I will be participating.*

*In an emergency, I hereby give permission to the physician or hospital selected by Camp Orchard Hill's Executive Director to hospitalize, secure proper treatment for, and to order any medications, injections, anesthesia, or surgery.*

*By signing below, I also grant permission for any photos taken of me to be used in Camp Orchard Hill promotional materials.*

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)