

WINTERBLAST 2019
Student Registration Form

Weekend Date: _____

Church Name: _____ Group Leader: _____

Student Name: _____ DOB: _____ Grade: _____ Male/Female

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian _____ Contact Number: _____

Email Address: _____

Parent/Guardian _____ Contact Number: _____

Email Address: _____

MEDICAL INFORMATION:

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

Emergency Contact if Parent/Guardians are unavailable: NAME: _____

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 health history is correct as far as I know and the camper listed has permission to engage in all prescribed camp activities.

I give permission for the group leader that takes my child to Winterblast at Camp Orchard Hill to provide ongoing health care and to select local medical personnel to order tests as treatment as needed for the camper listed.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the group leader to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper listed.

By signing below, I also grant permission for any photos taken of the camper listed above to be used in Camp Orchard Hill promotional materials.

(Signature of Parent/Guardian)

(Date)