

Camper Information

Camper's Name: _____

Birthday: ___/___/___ Age: ___ Gender: ___ Shirt Size: ___

Contact Information

Mother's Name: _____

Father's Name: _____

Phone: (___) ___ - ___ E-mail: _____

Phone: (___) ___ - ___ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Church Name: _____

Sport Information: Circle your option

Soccer Basketball Cheer

Non Sport Kick Start

Emergency Information

Emergency Contact: _____ Phone: (___) ___ - ___ Relationship: _____

Medical Information

1. List your child's recent injuries, chronic conditions, or anything they take medication for:

2. Allergies: My child DOES have known allergies. My child has NO known allergies

a. List any drug allergies here: _____

b. List any food allergies here: _____

c. List any environmental allergies here: _____

3. Please list and explain any other relevant medical information that was not addressed above. Please include activities to be restricted.

Photography and Media Release.

_____. I DO NOT give permission for Ten Mile Community Church to use photography that includes my child for any use.

_____. I Do give permission for Ten Mile Community Church to use photography that includes my child for future promo on social media, website and sharing in church.

_____ I DO give permission for Ten Mile Community Church to use photography that includes my child ONLY for sharing within the church