

CAMP PENIEL, INC. Weekend Camp Registration Form

General Information:

Camp Attending:			
Camper's name:			
Camper's name:			
Camper's name:			
Address:			
City:	State:	Zip:	
Date of Birth:	Sex: M F		
Church attending:			
Parent or Guardian:			
Phone: Work	Home:	Cell:	Email:

Medical Information:

In case of emergency, notify:

Name: Phone: ()

Physician: Phone: ()

Special conditions to be noted:

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Asthmatic | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Epileptic | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Speech problems | <input type="checkbox"/> Tubes in ears | <input type="checkbox"/> Allergies |

Realizing the nature of emergencies, and that the emergency contact may not be able to be reached, although every effort will be made to do so, permission is granted for the camp personnel to administer first aid and common non-emergency medical treatments; I also give my permission that medical measures be instituted without delay as the judgement of the physician selected by Camp Peniel deems necessary, including injection, anesthesia, or surgery. I understand that I will be responsible for any and all medical expenses incurred should it be necessary for you to receive medical attention.

<input style="width: 95%;" type="text"/>	Date: <input style="width: 45%;" type="text"/>
(Parent or guardian)	
Camp Cost: <input style="width: 95%;" type="text"/>	
Credit Card Number: <input style="width: 60%;" type="text"/>	Last set of numbers on back of card (3-4 digits): <input style="width: 35%;" type="text"/>
Credit Card Type: <input style="width: 95%;" type="text"/>	
Name on Credit Card: <input style="width: 95%;" type="text"/>	
Expiration Date: <input style="width: 45%;" type="text"/>	Amount: <input style="width: 50%;" type="text"/>

A \$25 per person deposit is required for each camp. This deposit is non-refundable and non-transferrable.