

Church of the CrossRoads - PO Box 464 - 2037 HWY 72 East, Corinth, MS 38834 - (662) 286-6838- dwaldrop@crossroads72.com.

To avoid delay, please print clearly in blue or black ink. Complete all information. Use N/A in those areas which do not apply. Use this form for one camper or adult sponsor only. If necessary, please make copies for additional names.

General Information

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Age _____ Boy Girl

Parent's name _____

(_____) (_____) Home Phone Work Phone

(_____) Cell Phone E-mail _____

Church Name _____

(_____) Church group phone Pastor's name _____

Emergency Information

If parent or legal guardian is not available in case of emergency, please contact: (Someone not living in the same household)

Name _____
(_____) (_____) Day Phone Evening Phone

Relationship To Camper _____

Note: If parents plan to be out of town during camper's stay, we MUST have a phone number to reach them.

(_____) Out of Town Phone _____

Name of Family Physician _____ Phone _____

Family medical/hospital insurance? yes no

Carrier name _____ Phone _____

Group policy number _____

Name of insured _____

I authorize designated medical professionals to dispense over-the-counter medica-

tions as needed to the camper listed above: yes no

Medical Information: health history (give approximate dates of occurrences, and indicate whether mild or severe)

Medical allergies Penicillin _____ Amoxicillin _____ Sulfa _____ Ceclor _____ Any other medications _____	Immunizations Last tetanus shot _____ Chicken pox _____ Measles _____ German measles _____ Mumps _____ Hepatitis _____	Allergies Asthma _____ Allergic to red dye _____ Lactose intolerance _____ Allergies (food, animals, insects, etc..) _____ _____	Does camper have any difficulty with bed wetting? _____ _____
Limitations Physical limitations (describe) _____ _____	Medications Current medication (send with instructions) _____ _____	Diseases Heart defect/disease _____ Diabetes _____ Bleeding/clotting disorders _____ Other _____ Other diseases or details: _____	Are there any activities from which this camper should be restricted? _____ _____
Psychiatric treatment _____ Mental limitations (describe) _____ _____	Reason for taking above medication _____ _____		

I hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or anyone authorized by you, of any and all photographs and/or video images which you have taken of this camper listed above, for use within the scope of Church of the CrossRoads. yes no

THIS FORM MUST BE SIGNED TO REGISTER *This health history is correct as far as I know, and the person listed above has my permission to attend FPC Youth Camp and to engage in all camp activities except as noted. I hereby authorize the executive staff or designated medical professionals to administer medical assistance if I cannot be reached. I accept responsibility for payment of expenses incurred as a result of medical treatment.*

(signature of parent/legal guardian) X _____ Date _____

Registration forms which are not completed will not be processed. Due to challenging nature of activities at Youth Camp, full disclosure concerning camper's medical history must be made. If full disclosure is not made in advance, the Camp Director will be forced to refuse the camper, and the parents will be required to pick up the camper immediately. If nits or lice are present, campers will be turned away and no refund will be issued.

Pre-Registration Fee: \$75.00...Deadline-May 30, 2008

Pre-Order Jr. Camp videos: DVD-\$15.00 VHS-\$10.00

Check T-shirt Size: Youth: S M L

Adult: S M L XL 2XL

I hereby give my child permission to swim at Camp Yocona under the supervision of a trained lifeguard. _____ Yes _____ No

Parent's Signature: _____

Pastor Recommendation:

As pastor of the above named individual, I recommend that this person be enrolled in camp.

Pastor's Signature _____

Date _____