

# CAMP CALVARY REGISTRATION FORM

Please complete this form and return to: Camp Calvary • 3300 Ridge Road • Bloomsburg, PA 17815

Name: \_\_\_\_\_ Name he/she prefers to be called: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Grade Entering in September 2007: \_\_\_\_\_

Church Affiliation, if any (optional): \_\_\_\_\_

Any current health problems: \_\_\_\_\_

I recognize that unforeseen accidental injuries may occur. In such an occurrence, I authorize the staff to administer such first aid and/or follow up treatment as deemed necessary in their opinion, hereby releasing them and Camp Calvary from any liability. I give consent for any photographs taken to be used by Camp Calvary for promotional purposes.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency # if No Answer: \_\_\_\_\_