

REGISTRATION FORM

St. Louis Church of God Camp Meeting
8489 N. Bagley Road, St. Louis, MI 48880-9245
Please note: For youth 6th grade thru 12th grade grad
Age limit: 18 yrs. old

Youth Name _____	Sex: M	F
Address _____		
City _____	State _____	Zip _____
Birthday ____ / ____ / ____		

PHONE NUMBERS

Name of Parent/Guardian/Chaperone (circle one) _____		
(If chaperone, please fill out the back side of this form) Home # _____		
Work # _____	Cell # _____	
Other Contact Name _____	Phone # _____	
Physician _____	Phone # _____	

MEDICAL INFORMATION

Allergies _____	
Current Medications _____	
Last Tetanus Shot _____	Last Physical Exam _____
Health Problems or Limitations _____	

MEDICAL INSURANCE

Medical Insurance Company _____	
Policy # _____	Group # _____
Member's Name _____	Employer Provider _____

PARENTAL PERMISSION

I give permission for my previously named child to participate in any St. Louis Camp sponsored youth activity/event/trip. I fully support the leadership of the St. Louis Camp Youth Ministry, and do waive St. Louis Camp, St. Louis, Michigan and its employees and members of all liability. I authorize treatment deemed necessary by any accredited hospital and/or physician for my child in case of emergency during his/her attendance on any activity/event/trip.

PRINT NAME _____

(Full Name of Natural Parent/Legal Guardian)

SIGNATURE _____ DATE _____

(Natural Parent/Legal Guardian, if under 18)

TO HOSPITAL OFFICIALS

We have granted permission to the chaperones, as authorized persons of St. Louis Camp, St. Louis, Michigan, to escort our previously named son/daughter on this church sponsored activity/event/trip.

SEE CHAPERONE'S COVENANT ON BACK SIDE OF THIS FORM.

CHAPERONE'S COVENANT

Parent(s) Name: _____

REGULATIONS CONCERNING CHAPERONES AND CHILDREN/YOUTH:

1. The chaperone **must** accompany the child/youth in whatever lodging (RV, tent, dorm room, etc.) that they occupy.
2. The adult chaperone must be on the grounds as long as the camper is present. This person **shall** be responsible for the actions of those under his/her charge. (Camp Administration Policy is listed inside the back cover of the program booklet.)
3. At the time of the **Quiet Hour (11:30 pm)** everyone is to be at their camp address, the grounds will be secured at midnight.

I understand these regulations and commit myself to uphold them and the Camp Administration Policy as a participating chaperone.

Signed: _____
(Chaperone)

MEDICAL RELEASE/PERMISSION FOR TREATMENT

The above signed chaperone is given my permission to seek and sign for emergency medical care for my child/youth _____ in the event of serious injury or illness. The above signed chaperone has in their possession insurance cards for the insurance company named on the front of this form, and I give full authority to sign all forms as necessary.

Signed: _____
(Parent/Legal Guardian)

**THIS FORM MUST BE ON FILE IN THE CAMP
REGISTRATION/INFORMATION OFFICE.**

(A copy will be provided for registration in the Children's Camp or Youth Program.)