

Calvary Student Ministries Release Form

Use this form for one camper only. This form must be filled out by the legal guardian of the listed camper. Use Blue or Black INK only.

Hume Lake
2010

Please place
a photo of
your student
here...

GENERAL INFORMATION

Male Female

Camp Attending: MS Hume (Grades 6-8th) HS Hume (Grades 9-12th)

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Age _____ Grade in Sept. 2010 _____

Parent's Name(s) _____

Home Phone Of Camper _____

Cell # Mother _____ Cell # Father _____

Parents Email _____

****must be filled out in order to get the hume medical form emailed to you and all camp correspondence****

**Roommate
Request**

1. _____

2. _____

*** we guarantee the first choice for sure but we will try to get both if we can

EMERGENCY INFORMATION

In case of an emergency, *we will contact the parent or legal guardian.*
If we are unable to reach you, please list another person to call
PLEASE DO NOT LIST YOURSELF AS ONE OF THESE CONTACTS

1) Name _____

Day phone _____ Evening/cell phone _____

Relationship _____

MEDICAL INFORMATION

ALLERGIES asthma _____ drugs _____ food _____ insects _____ other _____	MEDICATIONS prescription medication _____ _____ reason for taking _____ _____
MEDICAL CONDITIONS heart problems _____ fainting _____ diabetes _____ bleeding problems _____ epilepsy _____	stomach upsets _____ joint injuries _____ broken bones _____ surgeries _____ chronic illness _____ headaches _____
LIMITATIONS physical (describe) _____ _____ mental (describe) _____ _____	OTHER DETAILS _____ _____ _____

MEDICAL INSURANCE- MUST BE COMPLETED TO BE REGISTERED

Physician's name _____

Phone _____

Do you carry medical insurance? Yes ___ No ___

Carrier name _____

Phone _____ Group # _____

Name of insured _____

Immunizations current? 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 permission to attend Hume Lake with Calvary. I hereby authorize the designated medical professionals to administer emergency medical assistance if I cannot be reached. I accept all responsibility for payment of expenses incurred as a result of medical treatment. I authorize designated medical professionals to dispense over-the-counter medications as needed to the above listed camper.

SIGNATURE OF PARENT OR LEGAL GUARDIAN **X** _____ DATE _____

Registration forms which are not FULLY completed will not be processed. Campers are not considered to be confirmed until this registration form is completed, deposit is paid, and the Hume Medical Online form is filled out. You will be sent a confirmation email once all is completed.

Registrar Use Only:
 Deposit paid _____
 Balance paid _____
 Other: _____