

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
2011

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. 2011 _____

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** If you do not have an email address you will need to sign up for one.**

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 _____

CANCELLATIONS & REFUNDS

If you must cancel, please let us know immediately. It will allow us to have the opportunity to admit someone on the waiting list. There is a **\$75 non-refundable fee** (\$100 if cancelling within 2 weeks of camp start date) applied to EACH camper. Refunds will be sent within one week of camps completion.

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. I authorize Calvary Church, through its agents and/or employees, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon duly licensed under the licensed hospital.

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.

MEDICAL INFORMATION

ALLERGIES asthma _____ 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 ___
