

**East TN Church of God Summer Youth Camp
Camper Registration Form**

Complete the registration form below. All registration forms will be treated with confidence and will only be seen by appropriate members of the Youth Camp Commission, Camp Director, and Camp Staff.

Please check the camp for which you are registering:

- Junior Camp, June 8-12, 2015, Campers entering 2nd grade – entering 5th grade, registration 4:00-6:00
- Junior High Camp, June 15-19, 2015, Campers entering 6th grade – entering 8th grade, registration 4:00-6:00
- Senior High Camp, June 22-26, 2015, Campers entering high school-entering college, registration 4:00-6:00

Junior Camp, Junior High, & Senior High Registration Rates

- \$115.00 Postmarked by June 1, 2015
- \$115.00 (will not include Camp Shirt)** Postmarked after June 1, 2015

Please send completed registration form with a **\$10.00 non-refundable pre-registration** by the earliest possible date to the address below. **Make checks payable to East TN Campground Association.** For questions about registration, please call Leanne Kirk (423-552-0640) or Shannon Brewer (423-972-8759).

Shannon Brewer 1375 Holly Creek Road Greeneville, TN 37745

CAMPER INFORMATION (Please Print)

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____ E-mail _____

Date of Birth _____ Gender _____ Age (at time of camp) _____ School _____

Grade next school year (in 2015-2016) _____ Camper's Home Church & Pastor _____

Has the camper ever attended East TN Youth Camp before? If so, list most recent year. _____

Parent/Guardian's Name _____ Relationship to Camper _____

Parent/Guardian's Address (if different from camper) _____

Emergency Contact Name _____ Relationship to Camper _____ Phone # _____

T-Shirt Pre-Order – Please indicate T-shirt size below. **(Included in Registration Cost if received by June 1, 2015)**

- Youth Small Adult Small Adult X-Large
- Youth Medium Adult Medium Adult 2XL
- Youth Large Adult Large Adult 3XL

We will do our best to honor roommate and counselor requests. Due to space and scheduling, requests are not guaranteed.

Roommate requests: 1. _____ 2. _____

Counselor Request: _____

First and Last Name _____

CAMPER'S MEDICAL INFORMATION (Please Print)

All Known Allergies _____

Activities in which camper cannot participate _____

Special Dietary Needs _____

Camper's Regular Physician and Phone Number _____

Medical Insurance Provider _____

Policy Holder _____ Policy Number _____

Indicate any over-the-counter medications that may be dispersed during camp for everyday aches and pains.

All medicines at camp will be kept securely under control of the camp staff. Please list any medicines the camper will be bringing to camp.

Medicine	Frequency	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate if the camper has ever been diagnosed with any of the following:

- ADHD/ADD Eating disorders Diabetes Learning Disability
 Asthma Epilepsy Mental Illness Other _____

AGREEMENTS AND SIGNATURES

Please Note: All registration forms must be notarized.

Pastor or Youth Director: I recommend this applicant to be a camper at the East TN Church of God Youth Camp.

Pastor or Youth Director's Signature: _____

Camper: I agree to follow the guidelines and policies of the camp and will demonstrate Christian respect for the facilities, the staff, and fellow campers.

Camper's Signature and Date: _____

Parents/Guardians: I authorize the release of medical records in the event of illness or accident. In case of any emergency, I understand that every effort will be made to contact the parent or emergency contact. In the event the emergency contact cannot be reached, I hereby give permission to the East TN Youth Camp directors or staff to hospitalize, secure proper treatment, and to authorize anesthesia or surgery.

Parent/Guardian's Signature and Date: _____

Notary Signature and Date: _____

MEDIA RELEASE

Yes, I give my permission to Camp Directors to include my child's photo taken during camp for future promotional materials (slide shows, photo galleries, brochures, etc.). No names will be used.

No, I do not wish for my child's photograph to be used for future promotional materials.

Parent/Guardian's Signature and Date: _____