

# 2021 YOUTH SUMMER CAMP

**CHURCH:** \_\_\_\_\_

## STUDENT INFORMATION

**CAMPER'S NAME:** \_\_\_\_\_

**MALE / FEMALE**      **GRADE:** \_\_\_\_\_      **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CELL PHONE:** \_\_\_\_\_      **TSHIRT SIZE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

## EMERGENCY INFORMATION

**PARENT/GUARDIAN:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**HEALTH INSURANCE CO.:** \_\_\_\_\_

**GROUP #:** \_\_\_\_\_      **POLICY #:** \_\_\_\_\_

## MEDICAL INFORMATION

**TO THE BEST OF YOUR KNOWLEDGE, HAS THE STUDENT BEEN IN CONTACT WITH ANY CONTAGIOUS DISEASE IN THE LAST FOUR WEEKS THAT MIGHT BE OR BECOME CONTAGIOUS?      YES / NO**

**IF YES, PLEASE SPECIFY:** \_\_\_\_\_

**DOES THE STUDENT HAVE ANY ALLERGIES?      YES / NO**

**IF YES, PLEASE SPECIFY:** \_\_\_\_\_