

Camp Canaan 2018 Application

June 4-8, 2018 * 8:30 A.M. TO 4 P.M. * Ages 6-14 * Grades 1st-8th

CAMPER'S NAME: _____
LAST FIRST MIDDLE INITIAL CALLED BY

CAMPER'S ADDRESS: _____
STREET P.O.BOX RURAL ROUTE/BOX

CITY STATE ZIP CODE

CAMPER'S PARENT'S PHONE NUMBER:

Mother: _____

Father: _____

CAMPER'S DATE OF BIRTH: _____

GRADE PROMOTED TO IN SCHOOL (Circle one):

1 2 3 4 5 6 7 8

List **any allergies** to food or medicine: _____

All medicine children have to bring to camp must be in the original containers with a **permission note from parents stating time and dosage of medicine to be given** (such as prescription bottle or Tylenol bottle) and **must be signed by parent**.

List any special concerns: _____

EMERGENCY NUMBERS (please list two names & phone #'s):



I give permission for my child to receive first aid treatment by the camp staff and/or by emergency medical personnel if the need arises.

Insurance Provider: _____

ID #: _____

PERSONAL PHYSICIAN'S NAME, NUMBER, and LOCATION (city/state):

NAME: _____

NUMBER: _____

LOCATION: _____

No one but the following persons may pick up my child: (name & cell #)

T-shirt size child wears: __ YS, __ YM, __ YL, __ AS, __ AM, __ AL, __ AXL

I have read the brochure, understand the rules of Camp Canaan and have gone over the rules with my children, and agree to all things both in the brochure and on this application.

PARENT'S/GUARDIAN'S SIGNATURE:

We pray that your children thoroughly enjoy their week with us and that we help them grow in their knowledge of God.

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