

# Camp Canaan 2019 Application



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):

\_\_\_\_\_



June 3-7, 20189 \* 8:30 A.M. TO 4 P.M. \* Ages 6-14 \* Grades 1st-8th



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.*

