



Last Name _____ First Name _____ M.I. _____
Male / Female _____ Birth Date _____ Age _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Church _____

Does the camper have any heart trouble? YES NO
Has the camper had any of the following? CHICKEN POX DIABETES HEPATITIS TUBERCULOSIS
Has the camper had or been exposed to any contagious diseases? YES NO If yes, explain _____

Is the camper's hearing normal? YES NO If no, explain _____
Is the camper's eyesight normal? YES NO If no, explain _____

Does the camper have any known allergies to medicines, food, etc.? YES NO If yes, please list _____

Has the camper had any surgical operations? YES NO List _____
Should the camper be limited in recreation? YES NO Explain _____
Will the camper be taking any medication during his/her stay at camp? YES NO List _____

All medication will be turned over to the camp nurse who will see that medication is administered properly.

Last tetanus immunization _____ Primary Care Physician _____ Phone _____

Your Health Insurance Information

Insurance Company Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Group # _____
Policy # _____ Effective Date _____

Policy Holder Information

Is the camper/patient also the policyholder? YES NO
If no, camper/patient relationship to policyholder CHILD SPOUSE OTHER
Name of policyholder _____ Birth Date _____

PARENT/GUARDIAN MUST READ AND SIGN THE RELEASE STATEMENT BELOW

As the camper's parent/guardian, permission is hereby granted for the above named child to attend the Arizona Free Will Baptist Youth Camp. I understand first aid will be available at camp and the campers will be closely supervised. If a serious illness or accident occurs, medical and/or hospital care will be given. I further understand that, in case of serious illness or injury, the camp officials will notify me. However, if it is impossible to contact me, I hereby give permission for emergency medical treatment or surgery as recommended by the attending physician.

I hereby authorize direct payments to physician for services rendered. I further authorize physician or its authorized representatives to release any information related to such services to my insurance carrier in order to determine benefits. I understand that regardless of any available insurance that I am ultimately responsible for any incurred charges. A photocopy or fax of these assignments shall be valid as the original.

This application is made with my full approval and I release the First Arizona District Association of Free Will Baptists and the affiliated Free Will Baptist Churches from any liability arising from illness or accident. I hereby certify that my child is physically and emotionally able to participate in all camp activities except as noted within this application.

Parent/Guardian Name _____ Address _____
Please Print *If different from camper*

Parent/Guardian Signature _____ Date _____

HM Ph# _____ Cell/Work Ph# _____ Emergency Ph# _____