



Camp Chautauqua Registration Form

Ohio Sr. High Camp June 21st - 25th, 2010

Cost: \$195 with \$20 Pre-registration

\$220 after June 7th

Camper's Name _____ M _____ F _____

Date of Birth _____ Age _____ School Grade This Fall _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ If No Answer Call (_____) _____

Church _____ Pastor _____

Please List Any Problems Your Teenager Might Have:

____ Hay Fever/Asthma ____ Seizures ____ Diabetes ____ Bee Stings ____ Allergies

____ Medication (Specify) _____

Any Recent Injuries/Operations _____

Current Medication _____

Date of Last Tetanus Shot _____

Special Instructions _____

**Medical Insurance Company _____

Contract/Policy Number _____

Company Address _____

In case of an accident or other emergencies, I hereby grant permission for the Camp Authorized Medical Personnel to administer (or have administered) needed medical attention if necessary.

Signature of Parent/Guardian

Date

I agree to abide by the Camp rules and do my best to help make this the greatest week ever!!!

Signature of Camper

Liability Release Form

To Whom It May Concern:

Understanding the dangers and hazards of some of the activities this camp offers, I give my permission for _____ to participate. I understand that my child is participating at his/her own risk and agree that Camp Chautauqua and the church will be free of any and all liability due to any injury my child may incur while involved in these activities.

Signature of Parent/Guardian

\$20 Pre-Registration Fee and this form due to Youth Leader (Deadline 6/6/10)

For more information go to fuelcamp.com