Camp Victory 2014 - August 4-8 - Camper Registration

Camper's Name:			Male:	Female:
Age: Date of Birth:/	/	Grade in 2014-2015	school year	:
Parent/Guardian Name:				
Mailing Address:				
City: State:	Zip:	Email:		
Home Phone:	Mobile Phone	»:	Tex	tYN
Emergency number:				
Family physician name:		Physician's phone:		
Please list and explain any medical condition	ons, medication	s, or allergies:		
Current Daily Medications/Instructions:				
Please complete the following insurance cove	rage information	:		
Name of insurance company:		Policy number:		
Or attach a photocopy	,	•		
I give my consent for the above named cam camp activities. I/we will not hold the organi of property. I/we give consent for our child t agree to abide by all camp rules and regulatio	zation or its spo o receive emerg	nsors liable in case of	sickness, inju	ry, or loss
The above named caregiver shall be authorize other medical procedures (including administrator the above named child, which may be received as permission for treatment by any mediand necessary. Note: Consents are not requiprovided to my child while they are at camp. Parent/Guardian signature:	ration of anesthe quired during abo dical facility that ired in emergen	sia, blood transfusions ove named child's stay Camp Victory and its cy situations. I agree	, diagnostic te	est, etc.) , is consent em proper
Cost: \$150.00				
Optional Expenses:				
Camp T-shirt (\$10 extra)				
Size:YS,YM,YL, _	YXL,AS,	_AM,AL,AX	L,A2XL,	A3XL
Horseback Riding (\$15 extra; n	nust be at least	10 years old)		
Climbing Wall (\$10 extra; mus	t be at least 13	years old)		
Please turn in this form and a Balance is d	a \$20 non-refund lue upon arrival f		y, July 20.	

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