

Signature of Parent or Legal Guardian:_

REGISTRATION FORM

7	t
CAMAD	AURA
CAMP	TUKA

Signature of Parent or Legal Guardian:_

Date:

REGISTRATION FORM

TOTAL PARTICIA TOTAL	TATATATATATA TATAT
NAME: AGE:	NAME: AGE:
ADDRESS:	ADDRESS:
CITY: STATE: ZIPCODE:	CITY: STATE: ZIPCODE:
HOME PHONE: WORK PHONE:	HOME PHONE: WORK PHONE:
PARENT'S NAMES:	PARENT'S NAMES:
CHURCH NAME:	CHURCH NAME:
PASTOR'S NAME:	PASTOR'S NAME:
MEDICAL INFORMATION AND AUTHORIZATION	MEDICAL INFORMATION AND AUTHORIZATION
Camper's Name: Age: Date of Birth:	Camper's Name: Age: Date of Birth:
Address:	Address:
Special Medication (be specific):	Special Medication (be specific):
Allergic Reactions: Bee Stings Penicillin Other:	Allergic Reactions: Bee Stings Penicillin Other:
Type of Reaction:	Type of Reaction:
Treatment Given:	Treatment Given:
Physical Handicaps, Disorders, or Diseases (include infectious diseases):	Physical Handicaps, Disorders, or Diseases (include infectious diseases):
Restricted Activities (include reason):	Restricted Activities (include reason):
Date of Last Tetanus Shot: (Tetanus shots should be up-to-date).	Date of Last Tetanus Shot:(Tetanus shots should be up-to-date)
Insurance Company: Policy No	Insurance Company: Policy No
Address: Phone:	Address:Phone:
Medical Authorization	Medical Authorization
In case of Medical Emergency, I hereby give my permission to the staff member in charge to:Hospitalize, and/or secure the services of a liscensed physician, surgeon, or anesthetist in providing the necessary care for my child as named on this application. I certify that my child is in good physical condition, and is able to participate in the entire camping program except for the activities listed as "restricted."	In case of Medical Emergency, I hereby give my permission to the staff member in charge to: Hospitalize, and/or secure the services of a liscensed physician, surgeon, or anesthetist in providing the necessary care for my child as named on this application. I certify that my child is in good physical condition, and is able to participate in the entire camping program except for the activities listed as "restricted."

Date: