

**Teen Leadership Camp
CAMPER INFORMATION FORM**

Camper's Name: _____

Camper's Age: _____

Grade COMPLETED: _____

Camper's Gender: _____

Church Attending With: _____

Home Address: _____

Home Phone: _____

Camper's Email: _____

In case of emergency notify: _____

Phone: _____

Consent for medical treatment:

I give full permission for my son/daughter/legal ward to attend this week of church camp, July 18 - 22, 2011. I authorize those sponsors sent by the church with whom my child is attending camp to take my child to the doctor and/or hospital in the event of an illness or accident. I also give consent for the doctor selected to render any and all needed professional services to my child.

Signature of parent or guardian: _____

Date: _____