

CAMP OLIVET 2019 CAMPER REGISTRATION

Name:		
Age:	Birthday:	Gender:
Entering Grade:	Camper email:	
Home Phone:		Cell Phone:
Roommate Request (ONE ONLY):		Home Church:

Guardian #1

Guardian #2

Name:	Name:
Address:	Address:
City, ST, Zip	City, ST, Zip
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Emergency Contact #1:	Emergency Contact #2:

Please select which camp your child will be attending:

<input type="checkbox"/> Junior Week – July 8-12, 2019 (Entering grades 4-8)	<input type="checkbox"/> Senior Week – July 15-19, 2019 (Entering grades 9-12)
Special needs or concerns:	
T-Shirt Size – Please circle one:	
Youth: S M L	Adult: S M L XL 2XL 3XL
Swimming Ability – Please circle one:	
Non-Swimmer	Beginner Good Excellent Comfortable in Deep Water

Insurance Company:	
Policy Holder:	Policy Number:

Medication (If YES, please list here):	Yes	No
Allergies:		
May your child be given over the counter medications such as Tylenol, Advil, Pepto-Bismol or Benadryl – All of the above? (Please circle what you will allow)	Yes	No

The camper listed has permission to engage in all prescribed camp activities except noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I also understand that my/our child will be subject to the discipline and the rules and regulations of Camp Olivet. I understand that Southminster Presbyterian Church will be transporting my child to and from the pool and that my child may go swimming during the week of camp.

Guardian Signature:	Date:
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I agree to participate in all scheduled activities while at camp and I promise to abide by the rules and regulations set by Camp Olivet and the camp staff.

Camper Signature:	Date:
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Camp Capacity Limited to the Number of Counselors we have or 60 Campers

Please return this form and the **REGISTRATION FEE** (\$150 for first camper per family, \$100 for each additional camper per family) no later than **SUNDAY, MAY 26TH** to:

Southminster Presbyterian Church
9950 Southeastern Ave.
P.O. Box 39008
Indianapolis, IN 46239-0003

You are also welcome to drop registration off at Southminster Presbyterian Church

OFFICE USE ONLY	Date Received:	Amount Paid:
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