



CAMPER REGISTRATION

Teen Camp Junior Camp Week: _____ / _____ / _____

Camper's name: _____ Male Female

Age: _____ Date of birth: ____ / ____ / ____ Grade next year: _____ Adult sponsor

Parent/Guardian name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home phone: () _____ Emergency number: () _____

Church name: _____

Church address: _____

City: _____ State: _____ Zip: _____ Email: _____

Church phone: () _____ Pastor's name: _____

Youth director's name: _____

Family physician name: _____

Physician's phone: _____

Physician's address: _____

Please list and explain any medical conditions, medications, or allergies: _____

Current daily medications: _____

Please complete the following insurance coverage information:

Name of insurance company: _____ Camper SS # _____

Employee name: _____ Employee SS # _____

Employee company name and address: _____

Group policy number: _____ Policy number: _____

Or attach a photocopy of the card's front and back to this form.

I give my consent for the above named camper to attend Mount Moriah Christian Camp. My child may participate in all camp activities. I/we will not hold the organization or its sponsors liable in case of sickness, injury, or loss of property. I/we give consent for our child to receive emergency medical treatment if necessary. We also agree to abide by all camp rules and regulations.

The above named caregiver shall be authorized to consent for all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic test, etc.) , for the above named child, which may be required during above named child's stay at camp. This consent serves as permission for treatment by any medical facility that Mount Moriah Christian Camp and its counselors deem proper and necessary. Note: Consents are not required in emergency situations. I agree to pay for all services provided to my child while they are at camp.

Parent/Guardian signature: _____

Camper signature: _____

Please send this form and a \$50 non-refundable deposit to:

Mount Moriah Christian Camp and Conference Center

PO Box 2000, Powell, TN 37849

Balance is due upon arrival for all campers.

(The \$50 non-refundable deposit is deducted from each campers balance.)

A ministry of Temple Baptist Church • Clarence Sexton, Pastor
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