

**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 12 - 16, 2010. 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: \_\_\_\_\_