



2012 CAMP FREDERICK CAMPER REGISTRATION FORM

Last Name: _____ First _____

M ___ F ___ Birth Date: ____/____/____ Age: _____

Parent(s) or Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Guardian's Phone: (____) _____

Mother's Work Phone: (____) _____ Mother's Cell Phone: (____) _____

Father's Work Phone: (____) _____ Father's Cell Phone: (____) _____

E-Mail: _____

Have you ever attended Camp Frederick? YES NO # of years: _____

Special Needs: _____

Home Church: _____ City: _____ Pastor: _____

Program Name: _____ Date: _____ Fee: _____

PARENT'S PERMISSION:

I hereby give permission for my child to participate in all camp activities including challenge/ropes course, and off site field trips, except as previously noted. Further, I give permission for use of photos of my child to be used in camp promotion unless noted. My child will follow the rules of the camp and the directions of the camp staff.

Signature of Parent or Guardian: _____

CAMPER CHECKOUT

When the normal camp session is complete, the following adult(s) will be picking up my child:

Name: _____ Phone: (____) _____

Please call the camp office if this information changes before checkout time. Thank you!