City/State/Zip:		ise complete forms using BLAC						
Camper's Name: Grade completed by 6/2024 Agddress: Gender: Birth date: Parent/Guardian Name: Work Phone: Email: Phone: Ph								
Address: Gender: City/State/Zip: Birth date:  Parent/Guardian Name:  Home Phone: Cell Phone: Work Phone:  Email:  Emergency contact name: Phone: Camper's Home Church: Pastor: Name of Physician: Phone: Date of last physical: Name of Dentist: Phone: Name of Orthodontist: Phone: Name of Insurance Company: Phone:  Address:  Group # Policy # Control#  (Enclose copy of insurance cards if possible)  Enroll me for the following camp week(s) - Check all that apply.								
City/State/Zip:	Camper's Na	me:		Grade com	oleted by	6/2024		
Parent/Guardian Name: Home Phone: Cell Phone: Work Phone: Email: Emergency contact name: Phone: Camper's Home Church: Pastor: Name of Physician: Phone: Date of last physical: Name of Dentist: Phone: Name of Orthodontist: Phone: Name of Insurance Company: Phone: Address: Group # Policy # Control# (Enclose copy of insurance cards if possible)  Enroll me for the following camp week(s) - Check all that apply.	Auuress. City/State/7i					Gender:		
Home Phone: Cell Phone: Work Phone:	Parent/Guar	dian Name					Birth date:	
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Camper's Home Church: Pastor:  Name of Physician: Phone:  Date of last physical:  Name of Dentist: Phone: Phone:  Name of Orthodontist: Phone: Phone: Phone: Control#  Address: Company: Phone: Control#  (Enclose copy of insurance cards if possible)  Enroll me for the following camp week(s) - Check all that apply.	Emergency c	ontact name:				Phone		
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CHECK DELET LADID WEEK DATES   Grades   Coct		Address: Group # (Enclose copy of insurance car	Policy # rds if possible)					
The state of the s	Enroll me for	Address: Group # (Enclose copy of insurance car the following camp week(s) -	Policy #_ ds if possible)	pply.				
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Payment Received: \_\_\_\_\_

Payment Received:

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Date payment rec'd: \_\_\_\_\_

Date payment rec'd:

Are camper's immunization records						
u talur del la la calaca		-1-4				
Health History (Check those that a	Ear Infection		astment			
	ect/Disease					
Convulsio	•	Anorexia				
Diabetes		Bulimia Asthma				
	Clotting Disorders					
Hypertens	<del>-</del>	*ADD				
Epilepsy		*ADHD				
Other						
		<b>Childhood Diseases</b>				
		Chicken Pox				
		Measles				
		German Meas				
* If this camper is diagnosed with	ADD or ADHD, please att	ach a sheet describing the	e camper's routine, medication			
and methods which have been effo						
Allergies: hay fever po						
Treatments needed:						
Literature de la contraction d						
Dietary modifications:						
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Operations/Serious injuries (dates)						
Operations/Serious injuries (dates) disability, chronic or recurring illne	: ss:					
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Operations/Serious injuries (dates) disability, chronic or recurring illnes Any specific activities to be encoura  Current Medications (BRING ORIG  Medication  For females: Has this person mensi  Special consideration  Please list over-the-counter medical	:ss:ss:sged or limited by physicial structure attions that you authorize	Dosage  ps, is her menstrual history  to be given to your child f	Reason Given			
Operations/Serious injuries (dates) disability, chronic or recurring illnes Any specific activities to be encoura  Current Medications (BRING ORIG  Medication  For females: Has this person mensi	:ss:ss:sged or limited by physicial structure attions that you authorize	Dosage  ps, is her menstrual history  to be given to your child f	Reason Given			
Operations/Serious injuries (dates) disability, chronic or recurring illnes. Any specific activities to be encouraed.  Current Medications (BRING ORIGE)  Medication  For females: Has this person menst Special consideration.  Please list over-the-counter medicae (you do not need to send over the	:ss:aged or limited by physicial structure from the structure	Dosage  bes, is her menstrual history  to be given to your child fey are kept on hand)	Reason Given  normal?  for the ailments listed below			
Operations/Serious injuries (dates) disability, chronic or recurring illnes. Any specific activities to be encouraed.  Current Medications (BRING ORIGE)  Medication  For females: Has this person mensions Special consideration. Please list over-the-counter medicae (you do not need to send over the Headache	:ss:aged or limited by physicial structure at the structure at t	Dosage  Dosage  es, is her menstrual history  to be given to your child fey are kept on hand)  (other than Benadryl)	Reason Given  normal?  for the ailments listed below			
Operations/Serious injuries (dates) disability, chronic or recurring illnes. Any specific activities to be encouraed.  Current Medications (BRING ORIGE)  Medication  For females: Has this person menst Special consideration.  Please list over-the-counter medicae (you do not need to send over the	:ss:aged or limited by physicial structure at the structure of th	Dosage  Dosage  es, is her menstrual history  to be given to your child fey are kept on hand)  (other than Benadryl)	Reason Given  normal?  for the ailments listed below			

## **Medical Release and Activity Permission Form**

Please read carefully and sign where indicated

Parent/Guardian Authorization Please read each of the items below.

## INITIAL those items that you authorize.

Parent or Guardian	Signature	Date	Witness (Must by 18 years old & not a family member)  Date
release and ho		ate Line Rantist A	e. In giving my permission, I understand that the the the event of injury incurred from camp activities, I ssembly, Inc., Camp Concord, Staff and
	permission to the camp to permission to the gage repermission to the camp to permission to permission to the camp to permission to perm	orovide ongoing beatment for the part an emergency, on Director or other	sted above is correct so far as I know. He or she amp activities except as noted. I hereby give health care, to select medical personnel and to order erson listed above. Emergency authorization: In the I hereby give permission to the physician selected her Camp Personnel to hospitalize, secure proper anesthesia and/or surgery for the person named
	if they wish.	Note: Life jackets	nel at all times. Life jackets are required for all persons are provided but campers may bring their own life jacket
	their own life jacket if they wis	d and required for sh.	nder supervision of camp personnel. all persons on board boat and tubing. Campers may bring
<del></del>	posted and followed during	g the week with a	
	Note: Certified Lifeguard on c	luty during swim tir	mes. Life jackets are not provided by camp for swimming.
	_ I give permission for my ch		
	activities, it is camp policy	tnat medical and eling off-site, I di	trip" activities may be included in the week's emergency information and release forms we authorization for my child to travel off-site under
	and/or videos of my child on our website. Names wi	for camp promot Il not be posted.	nd video footage that may be used for promotional ase all rights to, the making and use of any photos onal purposes. Such use may include posting photos
		-11.4.41.4	