

Sardis Lake Christian Camp

Walk-up Registration

(\$20 walk-up fee in addition to camp fees)

Session: _____

Camper Name: _____

Parent Name: _____

Parent Mobile Phone: _____

Home Phone: _____

Email: _____

Address: _____

City/State/Zip: _____

Age at camp: _____

Birth Date: _____

Gender: _____

Health Insurance Company and Policy: _____

Medicines taken while at camp (Must be in original container with Name and Script information clearly printed on the bottle): _____

List any special conditions your child may have which the nurse or director needs to be aware of: _____

All Immunizations are up to date: YES or NO (circle one)

Read the following waiver:

AGREEMENT WITH PARENT AND/OR GUARDIAN:

In consideration of the acceptance of the hereon-named applicant, we the undersigned parent (s) and /or guardian, as the case may be, covenant and agree with SARDIS LAKE CHRISTIAN CAMP, BATESVILLE, MS that we will at all times hereafter indemnify ,keep indemnified and save harmless the said Sardis Lake Christian Camp, from all actions, proceedings, claims, demands, costs, damages, and expenses which may be brought against or claimed from Sardis Lake Christian Camp, or which it may pay, sustain, or incur as a result of sickness, accident or misadventure to the applicant hereon-named during the period that said applicant is a participant in the Sardis Lake Christian Camp.

AND

IN CASE OF SURGICAL EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named on this application. I also give my permission for the camp nurse to administer basic first aid and over the counter medications such as creams and pain/ fever relievers.

I Agree to the above waver: YES or NO (circle one)

Parents signature: _____

Date: _____