

Registration at Camp begins at Friday 3:00pm. Be sure to check in before going to your room. First Camp meal will be served Friday at 5:00pm.

Registration

All Campers Must Register

Contact Information of Camper

Contact Information of Parent/Guardian

Name

Name

Address

Phone

City

State

Zip

Phone

Email

I plan to attend camp starting on date _____ and leaving on date _____

Accommodations needed:

___ Girl's Dormitory ___ Boy's Dormitory ___ RV Site ___ Hotel Room

Medical Release

This form must be completed by parent or guardian. A nurse will be on location to administer first aid and seek further necessary medical treatment by doctors or emergency personnel. In the event of an emergency, I give permission to camp staff to seek medical treatment and release Frost Bridge Camp and any of its leaders and counselors from any liability in the event of any injury incurred by my child while attending this camp.

Signature Parent/Guardian _____ Date _____

I hereby authorize Frost Bridge Camp to use photographs taken of my child during camp activities for the purpose of promoting the camp. Yes _____ No _____

If my child becomes ill or injured, I request that the following counselors follow these procedures:

Medications List

I give permission for my child to participate in all activities except the following:
