

Beaver Cross Camp Retreats

Event Registration and Medical Release Information

Please be sure to either mail this form to the Beaver Cross offices prior to the event, or bring it with you and turn it in at the event's registration table. Youth without a Medical Release form on file for the event will not be able to stay.

Event Name: _____ Event Date: _____

Child Name: _____ Birth Date: _____ Age: _____

Gender: _____ Grade: _____ (if applicable)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Email: _____

Alternate emergency contact: _____ Phone: (_____) _____

Please list any medical conditions, allergies, and dietary concerns we should be aware of:

Please list any medications currently taking:

You can administer the following to my child for pain relief as needed: ___ Tylenol ___ Ibuprofen ___ Aspirin

Medical Insurance Co. Name/Policy #: _____

Name of Insured: _____ Relationship: _____

The person herein has permission to engage in all prescribed camp activities except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the trip coordinator to hospitalize, secure proper treatment for, and to order injections and/or surgery for my above named child.

Parent or Guardian Signature: _____ Date: _____

Payment Information

Payment Amount: \$ _____

We will pay by: _____ Check (please include your check with this form)

_____ Credit Card (MasterCard or Visa only)

Name on Card: _____ Exp Date: _____

Card #: _____