



Registration Form For 2010

Please use a ball point pen or a permanent felt tip

(Camper's Name) (Age) Male / Female (Sex)

(Date of birth) (Last Grade Completed)

(Father's Name) (Phone 1) (Phone 2)

(Mother's Name) (Phone 1) (Phone 2)

(e-mail)

(911 address and mailing address)

(City) (State) (Zip)

Circle the session camper
Plans to attend:

Theme

Circle camper's shirt size:

- Session 1 (June 6 -11) Great Bible Examples
- Session 2 (June 13-18) Philippians/Servant Hood
- Session 3 (June 20-25) Make Me A Fisherman

Youth sizes:

Small Medium Large
(6-8) (10-12) (14-16)

Adult sizes:

Small Medium Large
XL XXL 3XL

Camp registrations are due by May 21 for all sessions. Camp Ida can accept applications for 45 boys and 45 girls on each session. Each application received will be logged in to the session requested as received. Overflows are not permitted and applicants will be notified for reschedule in the event the session has reached the maximum number. Please enclose with your application the application fee of \$110.00 for each child attending.

Note: Priority is given to those applicants that have not attended a prior session for the camp year 2010.

Please fill out a separate registration form for **each child** you will be sending and for each session they will attend. Please note the packing guide referenced on the web site.

Send registration, fees and all correspondence to:

Camp Ida Registration
50 CR 1207
Maud, TX 75567

For more information visit : www.campida.com



Medical Release Form for 2010

In case of an emergency when the parents cannot be reached, call:

(Emergency Contact #1)

(Relationship)

(Phone)

(Emergency Contact #2)

(Relationship)

(Phone)

In case of an emergency, and the parents / guardians, the primary, and secondary contacts are not available, I hereby authorize camp personnel to take my child to the nearest hospital in order to receive immediate medical attention.

(Signature of parent / guardian)

(Today's date)

All medication must be turned over to the camp nurse immediately upon arrival (prescription or not). Please list prescribed medication to be administered while the child is at camp. (Medication **must be in original containers** or it will not be allowed on premises.)

(name of medications)

(dosage and times)

(name of medications)

(dosage and times)

(name of medications)

(dosage and times)

Allergies: Yes/No If "Yes" please list:

Please list any and all medical conditions that could affect the care we or any medical personnel may give your child, such as seizures, diabetes, heart conditions, fainting, etc.

Date of last tetanus vaccination: _____

(We recommend a tetanus shot prior to attending camp and that a copy of the immunization records be sent with forms or brought on to the camp at check-in.)