



Registration Form

_____		_____	Male / Female
(Camper's Name)		(age)	(sex)
_____	_____		
(date of birth)	(last grade completed)		
_____		_____	_____
(Father's Name)		(phone 1)	(phone 2)
_____		_____	_____
(Mother's Name)		(phone 1)	(phone 2)

(e-mail)			

(address)			
_____		_____	_____
(city)		(state)	(zip)

Circle the session camper plans to attend:

Session 1 (June 8-13)

Session 2 (June 15-20)

Session 3 (June 22-27)

Session 4 (June 29-July4)

Circle camper's shirt size:

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 20 for sessions 1 & 2 or May 30 for sessions 3&4. Enclose payments of \$110 for each child attending. A \$10.00 late fee will be required for forms not received by the due dates.

Please fill out a separate registration form for each child you will be sending and for each session they will attend. Call the session directors for more information about each session.

Send registration, fees and all correspondence to:

Camp Ida Registration
50 CR 1207
Maud, TX 75567



Medical Release Form

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) _____ (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)

_____ (name of medications)

_____ (name of medications)

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

Please list any and all medial 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.)