



Camper Registration - 2012

"Growing on the Promises of God"

Print and complete this form. Send to: **Camp Icthus 8869 Drakes Ct., Jonesboro, GA. 30236**
Please include a \$25.00 registration fee to hold your reservation

I am registering for: (place a "x" or check in the appropriate blank)

Children's Camp: June 24-29 July 8-13 July 15-20

Teen Camp: June 24-29

Name of Camper: _____ **Age:** _____ **Gender:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **E-mail Address:** _____

Birth date _____ **Parent's Name** _____

Home Church _____ **T-shirt Size:** CM CL AS AM AL AXL

In case of emergency, contact: _____

Phone: _____ **Address:** _____

Camp Costs (includes \$25.00 non-refundable registration fee):

Children's Camp: **\$325** (\$275 if paid in full by **March 15**)

Teen Camp: **\$375** (\$325 if paid in full by **March 15**)

Optional Costs

Camp Store: \$10.00-\$15.00 (**not included** in camp fee)

***\$10.00 late registration fee added after June 1, 2012.**



Camper Medical Form

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Name: _____ Birthday: _____ Age: _____

Parent or Guardian: _____

Home Address: _____

In case of emergency, contact: _____

Phone: _____ Address: _____

If the camper is on any medication, what is the medicine and dosage? _____

Does the camper have any allergic reactions? If so, please list allergies _____

Any serious injuries or conditions? _____

Are there any conditions that we need to be aware of? (such as; asthma, bed wetting, sleep walking, diabetes, HIV,etc.) These conditions will be kept confidential by camp staff

Name of Physician: _____ Phone: _____

Insurance Company: _____ Policy No.: _____

Important: Please notify the camp if this child has been exposed to a communicable disease during the three weeks prior to camp. All medications will be kept and dispensed by the camp nurse. In case a certified nurse is not on staff, medications will be dispensed (according to the directions on the label) by the Ass't director. A physical examination is recommended before camp begins.

In case of emergency, I understand every effort will be made to contact parents or guardians of the camper. In event I cannot be reached, I hereby give my permission (to the physician selected by the camp director) to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child, as named above.

parent or guardian signature

date



Liability Waiver

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This agreement entered into this _____ day of _____ between (father's name) _____ and/or (mother's name) _____

Individually, and as legal parents and/or guardians of _____, do permit my/our child to participate in any and all activities provided by Camp Icthus (Icthus Camping Ministry) held at Willow Falls in Blue Ridge, GA. I will hold harmless the afore said Camp Icthus for any injuries which may occur to my/our child during summer camp activities.

Witness to my hand and special seal this _____ day of _____ 20__ provided by the legal parents or guardian.

parent or guardian signature

notary public

(Seal)