

Show Low Bible Camp Application

P.O. Box 232 Show Low, AZ 85902

Camper's Name: _____ Parent/Guardian: _____
Home Address: _____ City, State and Zip Code: _____
Home Phone: _____ Work Phone: _____
Home Congregation: _____ Grade Completed: _____ Sex: _____
T- Shirt Size: _____ E-mail address: _____

In case of an emergency and the Parent/Guardian cannot be contacted, please contact:

Name: _____ Home Phone: _____

Work Phone: _____

Medical Information:

List all of the camper's known allergies: _____

Date of last tetanus shot: _____

List of any medications being taken: _____

Camper Standards Agreement (Camp Standards on Camper Information Sheet):

If accepted as a camper, I agree to abide by all Standards of Conduct and to do my best at all times to be a good camper.

Camper Signature _____

This application has my approval. While Directors and staff are expected to exercise reasonable care, I agree not to hold them or the camp liable for any injuries or accidents incurred during camp or on the way to or from camp. I have read the "Standards of Conduct" and agree that my child will abide by them. I understand that violation of these standards may result in my child being sent home at my expense.

Parent Signature _____

Is your child a baptized member of the Church of Christ? ____ Yes ____ No

Should my child decide to be baptized into Christ while attending camp, he/she does ____ or does not ____ have my permission to do so. Other stipulations _____

I understand that in the event of an injury or illness, the family medical insurance will provide primary coverage. Insurance Company: _____ Policy Number: _____

I give my permission for my child to receive emergency medical treatment from a qualified physician.

Parent/Guardian Signature: _____

***Horseback Riding form must be signed by parent/guardian for campers to go horseback riding. Horseback Riding is provided at an additional cost.