

Complete and send this form to Camp Victory, PO Box 372, Snelling, CA 95369 with \$20 non-refundable registration fee. Forms received before July 1 will receive a \$20 discount.

Camper's Name _____

Check which camp attending

____ Varsity Camp (Completing Grades 7 and above) July 26-31

____ Junior Varsity (Completing grades 3-6) August 1-7

Circle: Boy or Girl

Age ____ Birthday _____ Phone __ (____) _____

Address _____

_____ Zip _____

E-mail contact _____

Parent(s) _____

Emergency Alternate Contact _____ Emergency Phone __ (____) _____

Grade next fall _____ One or two friends attending _____

Other family attending _____

Date of last Tetanus shot _____

List allergies to foods, medicines, plants, poison oak, insect bites, or other things.

Please list restrictions or special needs. _____

Describe swimming ability. _____

Doctor _____ Doctor's phone __ (____) _____

Insurance Company, phone number, and policy identification numbers _____

Consent: We understand that every effort will be made to safeguard all campers. Therefore, we agree not to hold Camp Victory, American Missionary Fellowship, or the camp staff responsible for illness or mishap that may occur. Should the camper become involved in conduct requiring discipline, we will support the actions of the camp director and will accept responsibility for payment for damaged property or for sending a youth home for misbehavior. Permission is hereby granted for first aid, hospitalization, or medical treatment (including major surgery) should any injuries, illness or accident occur while at camp or traveling to or from it. We give permission for Camp Victory and American Missionary Fellowship and affiliated organizations to use photographs and videos taken during camp for print, video, and/or web applications. We release American Missionary Fellowship and its affiliated organizations and their leaders of any and all liability. We also give permission to use photos taken at camp for publication.

Signature of parent X _____ Date _____

I will cooperate with workers at Camp Victory and realize that failure to do so may result in my going home early from camp.

Signature of camper X _____ Date _____

Because more and more campers come to camp with prescription drugs, we must require that the directions on the prescription match the request of how the parents want the drug given. If you have been given different instructions by the doctor that are not on the prescription bottle, you must have the doctor send a written change in the instructions.

Please write names of non-prescription medications that you would NOT want your child to receive:
